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SELECTIONS

FROM

LECTURES ON THE PRACTICE OF PHYSIC.

By W. F. Chambers, M.D. F.R.S.

Physician to St. George's Hospital.

(Continued from page 70.)

TREATMENT OF INTERMITTENT FEVER.

Let us first suppose the patient to apply to the physician for his assistance *during the intermission*. What is to be prescribed?

If it is a recent case (I mean if the paroxysms which the patient has sustained have been few), and the general health has not suffered much; if the complexion is still clear and healthy, the tongue quite natural, and the bowels have been regularly and healthily open, the mode of proceeding is evident enough. You will, of course, prescribe Cinchona bark, or one of its substitutes, without hesitation.

The best mode of prescribing Cinchona is the following:—

> Decocti Cinchonæ ℥xi.
> Tinct. Cinchonæ c. ℥ss.
> Cinchonæ Pulv. ℈ij. ad ʒi.

This draught may be given every three hours, till the near approach of the next paroxysm, when it may be given every two hours, viz. for the six last hours.

If the bark should purge or gripe the patient, the addition of a scruple of aromatic confection to the draught before-mentioned will remedy this; or it may be necessary to add five or six minims of tinctura opii, to induce the stomach to retain this medicine; or it may be given in an effervescent state, by adding to it a scruple of carbonate of potass, with a little sugar, and ordering it to be mixed, when administered, with a table-spoonful of fresh lemon juice.

In cases where bark disagreed, or failed in curing ague, the liquor arsenicalis of the Pharmacopœia was in much use, till it was superseded by the introduction of the sulphate of quinine. The dose of liquor arsenicalis is, from four minims to twelve, in distilled water, and it may be given at intervals of three or four hours. I should not recommend its being given oftener than every three hours, for fear of accidents. The great invention of the present day, however, is the sulphate of quinine. About *three* gr[illegible] intermittent in medicinal strength [illegible] the powdered bark, and [illegible] are ex[illegible] nistered in this qu[illegible] o a drachm, at [illegible] same intervals, namely, ev[illegible] three or ev[illegible] two hours.

The following is a good formula for prescribing it:—

> R Quininæ Sulphat. gr. iij.
> Acid. Sulph. Dil. ℥v.
> Aq. Distillatæ ʒxi.
> Syr. Aurantii ʒi.

Some practitioners prefer administering the sulphate of quinine in larger quantities at once, instead of subdividing the doses as I have suggested: they recommend ten grains to be given immediately after, or immediately before, the paroxysm; and assert that its effects are more certain when it is thus administered than when prescribed in smaller and more frequent doses. I have not myself observed this, and confess I prefer the latter mode of prescribing it, as equally efficacious, and less likely

to disagree with the stomach than the former.

Having these three remedies at hand, you need not trouble yourselves about any others. The drugs, however, which have been recommended at different times, for the purpose of curing ague, are almost infinite in number: all the astringent barks have been used, and often with advantage, when Cinchona has been scarce, or has disagreed; and besides these, all the metallic tonics have been recommended for the same purpose—I mean the sulphates of copper, iron, and zinc. Musk and other antispasmodics have been used for this purpose also, as well as many other articles whose medicinal properties are problematical—such as cobwebs, charcoal, ambergris, &c. The truth is, that imagination has great power, by giving the tonic assistance of confidence, towards keeping off such diseases as this, especially in slight cases, or those which have not become inveterate. But, as I said before, in supplying yourselves with the three weapons I have already mentioned—I mean bark, arsenic, and sulphate of quinine—you will, I think, be sufficiently armed against the disease in question.

I have hitherto supposed that you have been treating a case of intermittent fever, which has gone through a few [illegible] duly, and has done little injury to the constitutional health of your patient. [illegible] paroxysms out.

But if, on the other hand, you find that he has been long suffering from the disease; that his paroxysms have been very severe; that the visceral congestions which take place during the paroxysms have injured the important viscera of the abdomen, or, at any rate, impaired their powers; that the patient's skin is muddy and half jaundiced; that the conjunctivæ are somewhat yellow; that his tongue has a brown coat at its root; that his abdomen is tense, and his hypochondria tender; that his appetite is impaired; that his bowels are torpid, his excretions unnatural, and his urine depositing a lateritious sediment even throughout the intermission,—you may depend on it that active purging is necessary in such a case, and that there is little prospect of overcoming the [illegible] until you have well cleared out [illegible] and stimulated the liver and intestinal canal to a healthier action than they have lately been capable of sustaining. If the disease be a tertian or quartan, it will be easy to administer the purgative so as not immediately to interfere with the paroxysm. In a quotidian, however, this will not be so easy; but even if this cannot be avoided, purging is necessary, and must be instituted; and whether the first one or two paroxysms are mixed up with the effects of the medicine or not, I am satisfied, in spite of the prejudices of the older physicians against the use of purgatives in ague, that time will be gained in the main; for after the alvine secretions are restored to a state of healthiness, the tonics which you will administer will be infinitely more efficacious, and more capable of insuring a perfect cure in a short time, than if they were exhibited without this precaution. The purgatives I should recommend to be used under these circumstances are either five grains of calomel, combined with a scruple of powdered jalap, and four grains of pulv. cinnam. c; or the same quantity of calomel, followed by the common senna draught in about 4 hours. These means may be used every other day, until the liver and bowels appear to act healthily. I have seldom found it necessary to repeat this dose more than two or three times; but it is impossible to lay down any general rule on this head.

By these means the bowels may be cleared out in eight or nine hours; and supposing this to be done immediately after one paroxysm, there will still be some time for the administration of bark, or quinine, or arsenic, before the next shivering comes on.

The diet during the intermission, if bark is indicated, may be light and nutritious, such as, fish, roast chicken, or a tender mutton chop, and small quantities of wine with water.

During the purgative process, it should consist of gruel, chicken broth, veal broth, beef tea, and similar fluids.

So much for the treatment of the patient during the intermission.

Let us next suppose him to apply to you *at the beginning of the paroxysm itself*—what is now to be done for him?

Many remedies have been recommended in this stage of the disease, with the object (as it is somewhat vaguely said) of giving a shock to the

constitution, and thus breaking through the morbific habit under which it is labouring; hence some recommend an emetic, (a very popular remedy under these circumstances), others a drastic purge, others the application of a tourniquet to the principal arterial trunks; some say the patient should be immediately immersed in a warm bath; others again recommend different stimulants and antispasmodics. Nor must I omit to state that the free use of the lancet during the cold stage of intermittent, has lately met with some advocates, at a celebrated school of physic in the north.

But what, let us ask, is the principle of treatment, or, in medical language, what is the indication which we are to act upon in this stage of the disorder?

The right principle, as it appears to me, on which the cold stage of an intermittent fever is to be treated, is clearly this: as we know that this stage depends on a certain collapse and depression of the nervous power—that every assistance which can *safely* be afforded to the constitution towards resisting and reacting against the depressing cause of this period of the disease, is to be supplied by medical treatment—I say *safely*, because it would be easy enough to stimulate (with ardent spirits for instance); but then what would be the consequence? The cold stage would be cured indeed, or overcome; but there would be a ferocious hot stage, excited by the very means used for mitigating the cold one. The object, then, of the practitioner, is to give such stimulants as produce their effect immediately, and powerfully, and yet do not continue to act as stimulants for a long time together. For this purpose, nothing can be better contrived than a combination of sulphuric æther with tincture of opium; and the common camphor mixture is an excellent vehicle for the compound; for here the stimulating effects of the camphor and æther, although very powerful at first, are still transient; and the opium, which is itself a stimulant in the first instance, has ultimately a sedative effect on the constitution.

I would administer, then, as soon as the shivering commenced, the following draught:—

Misturæ Camph. ʒxi.
Tinct. Opii.
Spir. Æth. Sulph. c. aa. ʒss.

And if the first draught does not overcome the rigors, I would give another and similar draught in the course of half an hour. I should not recommend it to be again repeated, lest its effects might aggravate the hot stage. The other means which are necessary in this part of the complaint are, to place the patient in a well-aired bed, in a thoroughly ventilated but warm room (70 degrees), and to give him warm and bland drinks, such as tea, barley-water, and warm gruel, and to watch carefully the accession of the *hot fit*. (A warm bath, in severe cases, is sometimes serviceable, but not often necessary.)

As soon as this appears, he must be relieved of a portion of his bed-clothes, the temperature of the room may be lowered 10 degrees (from 70 to 60), he may be allowed to drink cooling drinks, and in cases where the heat is excessive and distressing to the patient, he may be sponged with tepid, or even cold vinegar and water. In this stage also antimonial wine (ɱ xx.) may be administered with advantage in a saline draught, or the pulvis antimonialis, in doses of gr. v. or vi., may be given at intervals of two or three hours, as long as the heat lasts. In some few instances, venæsection, or cupping, or leeching, may be necessary, where the reaction is violent, and the sanguineous congestion in vital organs intense; but this does not often occur in intermittent fevers. We shall find the case very different in remittent and continued fevers.

During the sweating stage, no medicines are necessary; the patient must be kept at a temperature which shall prevent him from being chilled by the perspiration—a temperature of which his sensations will be the best criterion; and his linen must be changed as often as it becomes wet through.

I have described in this manner the treatment of this disease in each stage of the paroxysm. It must be recollected, at the same time, that however desirable it may be, in order to preserve the patient from unnecessary exhaustion, to use every means for moderating the severity of each stage of the fit, and to shorten its duration, yet that all these means are only palliatives; and that the cure of the disease must be effected in the intermission. And, moreover, that the two great means by which the disease is to be extirpated, are purging, under

the circumstances before described as requiring purgatives; and bark, or one of its substitutes, in all cases.

As soon, therefore, as the sweating stage is over, you must decide whether farther purging is requisite; if it be so, administer the purge immediately, and as soon as it has acted, begin the use of bark or quinine, or arsenic, as before recommended; if it be not considered necessary to purge, the bark or quinine, or arsenic, may be immediately commenced, and administered throughout the intermission.

Having gone through the treatment of every stage of intermittent fever, I shall now proceed to make a few remarks on PROGNOSIS.

The prognosis is, I may say, generally favourable in agues of this country; they are, in fact, very seldom fatal, primarily, in England. If they destroy life, it is generally by producing important organic diseases, which terminate unfavourably after a lapse of time.

In countries lying within, or near the tropics, the paroxysms themselves are sometimes so violent as to destroy life at once, even in the first or second attack; but in this country we never find them of such intensity as this. The only circumstance which affords a bad prognosis here, is the long, very long continuance of the disease, with great debility and emaciation; which, on farther examination, will be for the most part found to be accompanied with organic disease of the stomach, liver, spleen, or mesentery, or all these at once; and, therefore, may be rather considered as cases of structural disease than of simple intermittent fever, and they require quite a different treatment on that account.

SEQUELÆ, OR CONSEQUENCES OF INTERMITTENT FEVER.

The most common consequences of inveterate ague are indurations of the liver and spleen, arising from the deposit of coagulated lymph, or fibrin, as it is now called, into their substance, during the repeated, and almost constant determination and congestion which take place during a protracted series of such febrile paroxysms. The indurations in question, especially those of the spleen, are well known in the fens by the name of ague cakes; and a very common effect of these indurations, when they are inveterate, is the collection of fluid in the peritoneal bag, and ultimately, universal dropsy.

Dysentery is also a frequent sequela of long continued or imperfectly cured ague. The mucous membrane of the bowels, after the repeated attacks of sanguineous accumulation, which take place in it during the continuance of ague, becomes diseased; its functions are depraved; the mucus secreted by it, being vitiated and acrid, instead of simply lubricating the canal, irritates it, and produces all the symptoms of dysentery; which are, of course, aggravated by the secretions of the liver, which are also unhealthy, and acrid. This is not the time for describing the symptoms or the treatment either of dropsy or of dysentery, which will be fully spoken of hereafter. It is enough to mention them amongst the consequences of the disease which we have been describing; particularly as the notice of these sequelæ affords an important caution to every practitioner who is called on to treat an intermittent fever; namely, that however long the intermission may be which he has produced by the medicine he has prescribed, he is not to consider the disease eradicated till he has restored to a healthy state the functions of all the abdominal viscera; till he has ascertained that the stomach, the liver, and the bowels, all perform their duty regularly and perfectly; till he sees that the muddiness of the complexion, and the yellowness and heaviness of the eyes, have disappeared; in short, until, with the restoration of appetite, and of digestive power, he sees that the tonic vigour and alacrity of health are fully re-established in his patient.

If the patient is allowed to return to his usual employments with a deranged state of the abdominal viscera still upon him, the slightest exciting cause will re-produce the disease in an aggravated form; and thus, that which was originally the effect, will become, in some measure, an accessory cause of the disease itself; and in this relapsed state, that which was before an intermittent fever, will often become, what is infinitely a more dangerous, as well as a more obstinate disease, I mean the bilious, or marsh remittent fever. This kind of fever will be the subject of the next lecture.

[To be continued.]

ABSTRACT OF A CLINICAL LECTURE ON SCIRRHUS OF THE BREAST,

Delivered at the Middlesex Hospital,

By Herbert Mayo, F.R.S.

Mr. Mayo read the following case:—

Mary Dale, æt. 58, was admitted into the Middlesex Hospital on the 19th of March, with a swelling in the left breast which had gradually (from its first appearance two years and a half since) attained the size of a moderately large walnut. It lay immediately behind the nipple, which, however, was not retracted. The tumor was hard and weighty: during the last four months it had been the seat of pricking, shooting, lancinating pains. During the last month, sensations of a similar description, but more acute, had been felt in the left axilla, where, upon examination, two glands were found enlarged to the size of hazle nuts, and very tender on pressure, which the breast was not.

It was decided, in consultation, that the breast should be removed, and the glands left, on a supposition, founded upon the preceding fact, that the enlargement of the latter was of an inflammatory nature only. The operation was performed by Mr. Mayo the 24th March, and the subsequent progress of the case has been satisfactory. A week after the operation the enlarged glands were smaller, and less painful. In another fortnight, however, the cicatrix being nearly completed, considerable pain was felt across the chest, in the shoulder, and down the arm; at the same time the diseased glands enlarged rapidly. Leeches were then repeatedly applied over them, with linseed poultices; and the general health of the patient attended to. The enlarged glands gradually yielded to this treatment. The wound is now wholesomely cicatrized; there is no hardness about the breast; and the glands have shrunk to their natural size, so as to be with difficulty distinguishable in the axilla.

Scirrhus of the mamma commonly, but not uniformly, occurs after the cessation of the catamenia. A scirrhous tumor is characterized by its slow growth, its hardness (like that of horn), its weight, the shooting pains which attend it; in general by the retracted nipple; the patient has generally a sallow, leaden countenance, or a dingy, muddy complexion.

The tumor, when examined in the instance described above, exactly resembled, in consistence and appearance, the section of an unripe pear. Sometimes the texture of a scirrhous tumor nearly resembles that of cartilage; at other times it is softer, more granular, yielding on pressure a milky, semifluid substance. In some cases the schirrous structure is limited to the tumor; in others it extends in narrow indurated lines, which are perhaps diseased lymphatics, into the surrounding membrane; or the surrounding membrane has here and there, at unconnected points, the consistence of gristle.

A scirrhous breast should be removed as early as possible; but the operation is inadmissible—1. when ulceration has taken place; 2. when the adjacent skin is studded with hard nodules; 3. when the tumor is of large size; 4. when adjacent lymphatic glands, which do not admit of being removed, are likewise affected with scirrhus.

In illustration of the third remark, Mr. Mayo described the case of a lady whose breast he removed last August: it formed a great mass of scirrhus, which here and there was scarcely circumscribed, but blended itself with the neighbouring cellular membrane: the adjoining lymphatic glands were not diseased. The complaint has since returned in the breast.

To illustrate the fourth point, Mr. Mayo described the case of a lady who consulted him last autumn, with a large scirrhous tumor in the axilla. Two years before, the breast had been removed; but at the time the operation was performed, the surgeon was aware of the existence of an indurated gland, near the insertion of the pectoral muscle.

With reference to the occurrence of inflammatory swellings in the neighbourhood of scirrhous parts, Mr. Mayo cited the case of a young woman recently under his care as an out-patient of the hospital. She had undergone the operation for the removal of a scirrhous breast in May, 1827, and applied again for relief in August, with hardness and pain at one part of the cicatrix, and a circumscribed painful hardness at the lower edge of the pectoral muscle. These symptoms disappeared with the use of leeches and poultices, and attention to the general health.

Another case was that of a boy, æt. 19, who had a circumscribed tumor, occupying the gland of the right breast;

this tumor had existed a year and a half, and for the last six months had been attended with severe shooting pains; leeches, blisters, poultices, anodyne and mercurial plaisters, had been tried ineffectually for its relief. Mr. Mayo removed the tumor, which was found to have a dense membranous structure. A month afterwards the boy returned, with pain and thickening about the cicatrix; these symptoms disappeared under the use of leeches and poultices.

Pain of the shoulder, pain extending down the arm and fore-arm, with tenderness on pressure, and loss of power over the muscles, the elbow being half bent, and the flexor muscles painfully rigid and contracted, are frequent symptoms in an advanced stage of scirrhus, and even for a time, after the part has been successfully removed. A belladonna plaister will sometimes relieve these symptoms; the last described is most benefitted by opiate poultices.

The operation of removing a scirrhous breast admits of being performed with great rapidity, by which means the patient's suffering is lessened, and the vessels which require a ligature are the more easily found. If the incision through the integuments be made transversely, or obliquely (either of which modes are preferable to the vertical incision), the vessels that require to be tied are commonly found near the outer and inner corners of the wound.

July 1, 1828.

PATHOLOGICAL AND SURGICAL

OBSERVATIONS

RELATIVE TO

INJURIES OF THE BRAIN.

By B. C. Brodie, F.R.S.

Surgeon to St. George's Hospital.

The volume of the Medico-Chirurgical Transactions just published contains a paper on injuries of the head, by Mr. Brodie: of this, as of the others, it was our intention to have given an analysis; but after an unsuccessful attempt we have been obliged to abandon this idea, because the matter contained in it is already as much condensed as is consistent with perspicuity. We shall, therefore, extract the most interesting parts of the paper itself in the author's own words. Mr. Brodie's object is to make "such a collection and arrangement of facts as will enable the surgical student to take a distinct and connected view of all the parts of this curious and interesting enquiry." The present paper contains only those observations which relate to the immediate consequences of an injury, but on a future occasion the author purposes to communicate a second series, relating to the more remote phenomena which are connected with inflammation, or its consequences.

Immediate Effects of Injuries of the Head as indicated by Dissection.

In treating of injuries of the brain, of course I mean to include the consideration, not only of those by which the brain is affected in a direct, but also of those by which it is affected in an indirect, manner. Wounds and contusions of the external parts of the head demand our attention, inasmuch as they may be, and not unfrequently are, followed by disease of the more important parts contained within. Among the effects produced we are to distinguish those which are the immediate result of the injury, and those which are to be attributed to inflammation and its consequences. In the former we are still further to distinguish the actual derangement or destruction of the natural organization, such as it is disclosed by dissection, and the symptoms produced during the life of the patient by the disturbance of the functions of the injured organ; attempting at the same time to view these two orders of facts in connexion with each other, as the method by which on this as well as on other occasions, we may be the best enabled to found the practical art of surgery on the basis of a scientific pathology.

The appearances which are observable on dissection in a person who dies soon after an injury of the head, are very various, and may be variously complicated; but they admit of being classed under the following heads:

1. There may be simple contusion of the scalp with extravasation of blood between it and the tendon of the occipito-frontalis muscle, or between the latter and the pericranium, or between the pericranium and the bone; concerning which it is scarcely necessary to repeat the observation of Mr. Pott as to the close resemblance of the impression which is given to the fingers by the

margin of the mass of extravasated blood, and that of depressed bone.

2. The scalp may be lacerated so as to expose the surface of the pericranium, or the pericranium itself may be torn off with it so as to expose the surface of the bone. Of these injuries, however slight may be the apparent difference between them, the latter is, as I shall shew hereafter, likely to produce much more serious consequences than the former.

3. If a blow be inflicted on the head of the dead subject, the small vessels which connect the dura mater to the inside of the bone, at the part where the blow is inflicted, become ruptured; and in consequence the dura mater is separated from the bone to a greater or less extent. This, which happens in the dead body, may happen in the living body also, and is not an unfrequent consequence of an injury of the head. The separation of the dura mater is sometimes very extensive. A boy, twelve years of age, fell from a height of fifty feet, and struck his forehead against the ground. He was admitted into St. George's Hospital in a state of stupor, in which he lay for three days, when he died. On dissection, besides a large extravasation of blood on the inferior surface of the brain, the dura mater was found to have lost its adhesion to the bone everywhere, except in the basis of the cranium, and the external surface of that membrane had a brown and sloughy appearance.

4. The cranium may be fractured in all varieties of ways, from the most simple fissure to the most complicated fracture, accompanied with depression, and extending in a number of directions. A fracture in most instances takes place in the upper part of the cranium. Fractures of the basis are always the consequence of very severe contusion, and recoveries from these accidents are comparatively rare, not because a fracture of the basis is in itself more dangerous than a fracture elsewhere, but because it is almost invariably complicated with extensive injury of other and more important parts.

A fracture generally occurs in that part of the cranium on which the blow has been inflicted. But we find that in cases of fracture of other bones, the fracture is often situated at some distance from the part which is immediately exposed to the shock of the injury, as when the fibula is broken a little above the outer ankle in consequence of the foot having been twisted outwards, or the ribs are broken in the side in consequence of a blow on the sternum; and some French writers have supposed that fractures of the cranium occur in the same manner, being produced by what they have denominated the *contre-coup*.

It has been observed to me, however, by Mr. Earle, that he has not known a fracture of this kind to take place except where the blow seems to have operated in such a manner as to impel the occiput forcibly against the atlas, the line of fracture passing through the former bone, where it rests on the latter. My own experience corresponds very nearly with that of Mr. Earle. The only well marked cases of fracture of the cranium, in which the fracture could be attributed to the effects of the *contre-coup*, which have fallen under my own observation, were similar to those which he has mentioned. I do not, however, mean to assert, that such fractures absolutely never occur independent of the re-action of the atlas. Among the cases recorded in the Prize Memoirs of the French Academy of Surgery there are some which shew that the thing does happen, and Mr. Bell has offered an ingenious and scientific explanation of the mode in which it happens. It is, however, worthy of remark, that the only two cases which Mr. Bell has adduced in illustration of what he has advanced, are those in which the fracture extended across the occiput, in one case passing through, and in the other case passing close to, the foramen magnum of that bone.

In all cases of fracture of the cranium, with depression of bone, it is of importance to observe that the division of the inner does not correspond to that of the outer table of the skull, the former being always broken to a greater extent than the latter. In consequence of this the actual depression is greater than it would appear to be from the mere inspection of the external fracture.

I have seen a case in which there was a fracture with distinct depression of the inner table, while there was a simple fissure which was scarcely perceptible, and that without the smallest depression, of the outer table. But more remarkable instances of the kind are

deep incised wound in other parts of the body may, under certain circumstances, be completely and firmly united in the space of 24 hours; and it is easy to suppose that the effects of a much slighter injury may be repaired in a still shorter space of time.

The disturbance of the functions of the brain, which is the consequence of concussion, may exist in various degrees, and may be of various duration.

In many instances there is at first complete insensibility to external impressions. The patient lies as if in a state of apoplexy, from which, however, he recovers in the course of a few minutes. In some instances the recovery is complete; the patient rises and walks away as if nothing unusual had occurred. In other cases this state of total insensibility is followed by one in which the sensibility is impaired, but not destroyed. The patient is not affected by ordinary impressions; but if spoken to in a loud tone of voice, he will shift his position, and answer in a peevish manner. Sometimes he is in a state of imperfect delirium, talking in an incoherent and rambling manner, as if intoxicated: the pupils contract on exposure to light, and are sometimes more contracted than under ordinary circumstances: there is no paralysis. The respiration, in the great majority of cases, is performed easily and naturally; in a few instances only it is laboured, and approaching to being stertorous. These symptoms may wholly subside in the course of a few hours, or they may continue for three or four days. In the latter case, it frequently occurs that the patient regains his sensibility for a time, and then relapses into his former condition. Where inflammation of the brain follows the injury done by concussion, it may be that the primary effects of the concussion are entirely relieved, so that there is a considerable interval of sense before the inflammation shews itself. But it may be also that there is no such interval, and the symptoms of concussion, in this last case, are gradually and imperceptibly converted into those of inflammation.

Concussions of the brain, in almost every instance, occasion head-ache: sometimes a slight head-ache, which is speedily relieved; at other times an intense head-ache, which may remain for some days, a solitary symptom, after all other symptoms are vanished. Sickness and vomiting for the most part are early symptoms, and seldom continue after the patient has recovered from the first shock of the accident. Of course there is no recollection afterwards of what occurred during the period of complete insensibility. The memory, however, is sometimes affected to a still greater extent; and the impressions made on the mind by the events immediately antecedent to the injury become obliterated. A groom in the employment of the Persian ambassador, in the summer of 1819, was engaged in cleaning one of the ambassador's horses, when he received a kick from the animal on the head. He did not fall, nor was he actually insensible, or stunned; but he entirely forgot in what employment he had been engaged at the time of receiving the blow. Being unable to account for the time which had elapsed, he concluded that he had been asleep: said so to his follow-servants, observing at the same time, that "he must set to work to clean the horse, which he ought to have done before, instead of going to sleep." A boy going down into the hold of a ship fell from a considerable height, and struck his head. He lay insensible, as it appeared from the observation of his shipmates, about half an hour, when he came upon deck without any assistance. Nevertheless, on the following day, all the circumstances of the accident had passed from his memory. Some time afterwards, when he was received into St. George's Hospital, I found that he knew nothing of the accident except from the report of others. He had not only entirely forgotten the accident itself, but he did not even remember his having gone down into the hold of the vessel before the accident, nor his having come upon deck afterwards: and he never regained his recollection on these points. Desault mentions the case of a man, who, after a blow on the head, at first had no recollection except of recent events: but afterwards a change took place, in consequence of which his memory failed him as to recent events, while he could remember those which had occurred in childhood.

A number of circumstances which it is unnecessary to enumerate, as every physiologist is well acquainted with them, tend to shew that the influence of the brain is by no means necessary to the action of the heart; which may,

under certain circumstances, continue uninterrupted, even after the entire removal of the head. Nevertheless, in cases of concussion of the brain, we generally find the circulation more or less affected; the pulse intermitting, irregular, feeble, perhaps scarcely perceptible, and the patient in a state approaching to that of syncope; and such may be his condition for a few minutes, or for the first four or five hours after the infliction of the injury. The connexion and sympathy which exist between the different parts of the nervous system, afford a reasonable explanation of this apparent anomaly, which, however remarkable it may be, is not more remarkable than the syncope which not unfrequently follows the first introduction of a bougie into the urethra, or that which is the consequence of many other trifling injuries of parts remote from the centre of the circulation, and exercising no direct influence over the functions of the heart.

In those cases in which concussion proves fatal, it appears to be this disturbance of the heart's action, which is the immediate cause of death. In general, when the patient has lain for some time in the state which has been described, a reaction of the circulating system takes place, and the pulse beats with greater strength in proportion as the failure of it was greater in the first instance. But where the shock has been unusually severe there is no such reaction. The pulse becomes more and more feeble, more irregular and intermittent; the extremities grow cold, and, at last, the action of the heart being altogether suspended, the patient expires. In some cases, even after reaction has begun to take place, it seems as if the constitution was unequal to the effort: there is another failure of the circulation, the result of which is the same as if the patient had never rallied from the beginning.

[To be continued.]

DEAF AND DUMB.

Abstract of the Report made by M. Husson to the Royal Academy of Medicine at Paris, on the method adopted by M. Itard for the cure of the Deaf and Dumb.

M. ITARD had presented to the Minister of the Interior three memoirs; the first relating to the various methods employed up to this time for the cure of congenital deafness, and including those employed by the author himself during the course of a long practice; the second giving an account of experimental treatment adopted in nearly 200 cases, with the view of determining the advantages and disadvantages of injections through the Eustachian tube into the internal ear—a method which a recent report of the Institute would seem to recommend to public confidence; the third, in which, after combating the above process, M. Itard represents, as exclusively deserving of confidence, a medico-physiological method, calculated, according to his statement, to relieve a great many cases of congenital deafness. It is to the last of these alone that the present memoir refers.

We should form an erroneous idea of the state of the deaf and dumb, says M. Husson, if we supposed that they were all entirely without the sense of hearing: there are many among them who make no use of the sense indeed, because it can only be exercised by an effort of attention, which is painful. Now if these individuals be accustomed to methodical exercise of the faculty, which enables the ear by degrees to mark and compare different sounds, the sense is improved just as a weakened function is developed by gentle exercise. This was the idea which first led M. Itard, more than 20 years ago, to try on twelve deaf and dumb persons a series of exercises and experiments, the result of which was to restore, without operation or treatment, six of them to speech and hearing.

M. Itard had recourse at first to the most penetrating sounds, to stimulate the sense of hearing: he accomplished this by striking on a large bell, which he had suspended in the room; he diminished every day the intensity of the sound, either by removing the patient farther from the bell, or by striking it less powerfully. When he perceived that the hearing was becoming dull again, he suddenly roused it by one or two very powerful sounds, and passing immediately to weaker, had the satisfaction to find his patients as sensible to them as they had been before. At a later period, in order to keep up the excitability of the organ, M. Itard made the bell vibrate near the patient's ear, and gradually removed it, without ren-

dering the sound more intense. By these means he increased and kept up the susceptibility of perception, till sounds were heard at the distance of 25 feet, which could not be perceived at more than 10 feet when he began. These experiments were performed in a long narrow corridor — the patients were placed in a line, and along the wall was marked the point at which each ceased to hear; thus forming an exact scale or register of their progress.

But it was necessary also to teach the ear the power of determining the direction of sound. For this purpose he had a small bell, which he rung while he walked round his patients; and then made them, with their eyes bandaged, point to the spot whence the sound came. This they did at first with difficulty, but after a few days, with considerable facility.

To this set of lessons, which indicated the power of perceiving the direction of sound, succeeded another, the object of which was to make his patients sensible to a kind of musical rhythm. He took a tambour and beat upon it some slow and simple marches; after a few days his patients were able to do so themselves, marking the time with precision. To this instrument succeeded the flute, the sounds of which, from their analogy to those of the larynx, might form a kind of introduction to those of the human voice. After having taught them to hear these sounds, to judge of their distance, their direction, and their repetition, it was necessary to teach his patients to distinguish them from each other—to imitate them; in a word, to call the functions of the larynx into operation,—and this was the greatest difficulty which M. Itard had to overcome—a difficulty depending upon the two following circumstances:—First, there are very few persons entirely deaf; and, secondly, children born slightly deaf become as completely dumb as those who are entirely deaf. In the first, there is absolute absence of hearing, and, consequently, the larynx (so to speak) cannot *reflect* on the sound. The second, whether their deafness be natural or accidental, require to overcome it a degree of attention and study which cannot be expected of a child, and thus it passes into the same state as those who cannot hear at all. Thus, adds M. Itard, in order that our education may take place by sound, it is necessary that the organ of hearing be perfect; when otherwise, it becomes as if it did not exist at all. He mentions, as an example, a child at the Deaf and Dumb Institution not differing from those who hear and speak, except in confounding the *e* mute with the vowel *e* and the diphthong *eu*. M. Itard has also remarked, that in Spain and Italy the *half deaf* may be instructed by an ordinary education, because the language of these countries is not loaded with the enormous number of mute syllables which exist in the French—syllables which such individuals do not hear, and which, therefore, constitute an insurmountable bar to their being instructed in the ordinary mode of education.

To bring those who are *naturally* half deaf to hear and speak like those who are so *from accident*, and who have been partially deprived of the sense of hearing, after the earliest part of their education had been completed, M. Itard adopts the following method:—Two young persons, nearly of the same age, one affected with congenital, and the other with accidental deafness of six years standing, were placed under his care: the former, partially deaf from birth, had received a particular education, according to the directions of M. Itard, and had learned, at the end of five years, to understand with sufficient ease words directly addressed to him, and to speak intelligibly; but his sentences were detached, without connexion, extremely simple, and slowly uttered—so that, although he spoke, he could not be said to converse. The other, on the contrary, partially deaf from accident, although less intelligent and more deaf than the other, and reduced like him to *direct* audition, was able to speak in a free, easy, animated manner, which only required the person with whom he conversed to be placed opposite to him, without either repetition of his words or raising his voice. M. Itard proceeded to determine, by various means, the part which the different senses had in producing the general effect, viz. how much depended really on the ear, how much on the eye, and how much on the intelligence. He soon found that with the latter the meaning of the sentence was the principal assistance; whilst the child naturally deaf was limited to the eye and ear. It was thus rendered obvious that

in such cases it is not sufficient to accustom the ear to distinguish vocal sounds, and the eye to judge of their visible mechanism; but that it is above all necessary to cultivate the understanding, to enrich the mind with the materials of conversation, to familiarise it with the combination of ideas and the signs which represent them.

According to M. Itard, absolute deafness is extremely rare—he admits not more than one-fifth to be so: that of the four others, two confound vocal with other sounds; and the two remaining hear articulate speech distinctly. Thus such individuals may be divided into four classes. In the first are comprised the deaf and dumb, who distinguish all the sounds of the voice when they are addressed to them directly, slowly, repeatedly, and in a loud tone. The second includes those who distinguish vocal sounds, both vowels and consonants, except such of these last as are similar—for example, *ba* and *pa*, *fa* and *va*; they likewise confound *o* and *ou*, *e* and *eu*. The third class is composed of those who confound all syllables, however dissimilar—such as the French words *pain* and *faim*, *gant* and *dent*; although they still have the faculty of distinguishing the vowels. Lastly, we have those who confound all vocal sounds, distinguishing them, nevertheless, from others—that is, they perceive the difference between articulate and inarticulate sound.

M. Itard observes, that to whichever of these classes the patient may belong, he frequently, by proper instruction, acquires one degree of improvement, but seldom two; and that the amelioration in those of the first class, to persons not accustomed to the subject, might easily be mistaken for entire restoration.

After demonstrating the great distance that exists between *direct* and *indirect* hearing—that is to say, between the faculty acquired by the deaf of understanding and repeating articulate sounds which are addressed to them, face to face, by the speaker; and the faculty of distinguishing by the ear alone similar sounds coming from different points—of originating ideas, and expressing them in regular sentences: after pointing out the difficulties in attaining this last point, it is shown that the *language of signs* is the only method of accomplishing this; for which purpose M. Itard recommends the patients being placed in an institution for this express purpose, where they may be taught exclusively the use of signs without speech.

EMPROSTHOTONOS SUCCESSFULLY TREATED WITH INFUSION OF TOBACCO.

To the Editor of the London Medical Gazette.

Liverpool, June 1828.

SIR,

SINCE it must be admitted that naval surgeons have opportunities of noting, the phenomena of disease, of truly ascertaining the effects of the remedies they employ, and of enforcing such regulations as are thought adviseable, unequalled by those falling to the lot of any other class of the profession; it would be natural to suppose, that amongst those who contribute to the medical journals of the day, we should find not a few to be men of this description. But were this inference drawn, it would be from presumptive reasoning alone, and not in accordance with the fact; which appears to be, that comparatively few—very few of that class of the profession, contribute actively to the records of medicine.

In order to encourage such individuals to give their mite towards the improvement of the science they avowedly profess—without enquiring into the several operative causes which have hitherto restrained them from so doing, I send you the following case, not from its presenting any anomalous character, (indeed such cases are, comparatively speaking, useless) but as affording an interesting example of the diseases I met with during a late voyage to Calcutta.

H. S. one of the men before the mast, cut his fore finger with a blunt tin utensil, which laid the skin open to the first joint; but the wound, like most lacerated ones, (for it could hardly be called an incised one) bled little: the man, with a sailor's characteristic indifference, took little notice of it, and continued handling the ropes in the usual way, when it occasionally happened they were drawn through the wound. The consequence was, the finger began to swell, and give acute pain; when he came to me and had the wound cleaned; a dressing of the resin ointment laid upon it, and a smart purgative ad-

ministered. It was supposed he would be comparatively well the next day: during the night, however, I was called up, and found him in his hammock, with his head and body bent forwards, complaining of an excruciating pain at the lower end of the sternum—an inability of assuming the erect posture, &c. &c.; in a word, labouring under *emprosthotonos*. The swelling of the finger, although exceedingly painful, was still circumscribed, and I proposed to amputate at the second joint, thinking there would be little chance of an abatement of symptoms until this was done. The man, however, declining in the first place to submit to the operation, the muscles of the neck were well rubbed with an opiate liniment; a drachm of the tincture administered internally, and a poultice was applied to the finger. In a few hours the symptoms became still more severe, and the following means were adopted.

Amputatio digiti.
V. S. ad ℥xxx.
℞ Tabaci. folior. ʒj. Aq. Bullient. ℥iv. M. fiatque infusio, cujus sumat dimidium statim, et reliquum post horas duas.

The first dose induced nausea, with a marked alleviation of the sternal pain; the second dose, both vomiting and purging, with still greater relief; suffice it to say, after two doses more of a similar infusion, there were no symptoms remaining of the emprosthotonic state, but merely that sense of stiff-soreness in the pectoral and cervical muscles, which I believe generally succeeds relaxation of the spasm.

This case occurred near the Equator, in hot, damp, muggy weather, at the change of the monsoon; all which circumstances have been remarked as favourable to the accession of traumatic tetanus, and similar affections. Whether the speedy recovery in the above case is attributable to the amputation, or the effects of the tobacco, (administered, as this was, in unusual quantity) would admit of dispute; suffice it to give my own opinion, which is this, that although no doubt the former was of great service, inasmuch as it carried away the exciting cause of the mischief, still I cannot but think the latter had a most happy effect upon the disease itself, aided no doubt in its operation by the laudanum.

I have the honour to remain,
Your obedient servant,
WM. ALEXANDER.

EXTIRPATION OF THE RIGHT LABIUM.

To the Editor of the London Medical Gazette.

SIR,

IF you consider the following case of sufficient interest, I shall be obliged by your inserting it in your valuable Journal.—I remain

Your obedient servant,
EDWARD YOUNG, Surgeon.

Hawkhurst, Kent, June 17th, 1828.

A lady, æt. 39, married, and mother of several children, of a delicate habit, had suffered much inconvenience, during the last seven years, from an enlargement of the right labium pudendi. Upon examining the tumor, I found it as large as an ostrich's egg, in shape pyriform, of the hardness and weight of schirrhus. There was no enlargement of the glands in the groin. Under these circumstances, I determined to remove it, and the operation, which was performed in the presence of Dr. Nayler, consisted in cutting through the base of the tumor with a single stroke of a broad knife. One or two small branches of the arteria pudendi externa required ligature. The tumor was found to weigh two pounds; when cut into, it resisted the knife, and was almost cartilaginous. The wound has healed remarkably well, and the lady is now almost recovered.

FALSE CHARGES AGAINST MESSRS. VINCENT AND EARLE.

To the Editor of the London Medical Gazette.

SIR,

A MOST base and calumnious attack has been made in the Lancet, of Saturday last, on Messrs. Vincent and Earle, for supposed neglect of duty, in the official discharge of their functions, as surgeons to St. Bartholomew's Hospital. The acrimony and bitterness of the accusation seem principally directed against them, respecting their conduct towards their pupils and dressers. The accusation resolves itself into two parts. First: Messrs. Vincent and Earle neither describe the diseases of their patients, and cause such description to be written down; nor do they direct the

treatment employed to relieve or remove such diseases, to be recorded for the information of their pupils. Secondly: they refuse to give clinical instruction to those pupils who accompany them through the wards. This is evidently implied in that part of the letter where the writer points out Mr. Lawrence as an example for the other surgeons.

As to the first part of the charge: on Saturday, after reading the statement alluded to, I took a walk through the hospital to see if these things were so; and, as I anticipated, discovered the whole to be a base fabrication, for which there was not the shadow of foundation. Of the whole of Mr. Earle's patients, there was not one whose disease was not accurately described, and the treatment as correctly recorded. I remarked this fact to some pupils who were standing by, and who are now ready to bear testimony to the same, if called upon.

Among Mr. Vincent's patients, I found six or eight, the names of whose diseases were not stuck upon the boards; but Mr. Vincent had neither seen nor examined them, as they had been received into the hospital after his last visit, and consequently no blame can attach to him. But the fact is, the mode of treatment, whatever it may be, must be accurately described, otherwise it cannot be adopted. The prescriptions of the surgeon must be written out on pieces of paper, attached to the boards suspended by the patients' bed-side, otherwise the patients cannot obtain the medicines, as the apothecary has no other directory to guide him in making them up. It is, therefore, quite impossible for any part of the treatment to be omitted, as the circumstance of its being ordered is necessarily anterior to its being obtained and applied. This is known to all dressers and pupils, and of course to the writer of the letter alluded to. But what are we to think of the publication which admits, and is in the habit of admitting, such articles? The rashness and impetuosity of youth may be urged and admitted in apology for the author; but where shall we seek a plea in extenuation of the publisher of such a production; and that, too, when he is as perfectly satisfied as I am, that the letter at which he grasps so greedily, and sends forth into the world in such haste, possesses no claims whatever to credit? For, had he entertained a doubt on the subject, he might have satisfied his own mind, by taking half-an-hour's walk through the hospital.

With respect to the second part of the accusation, I have only to observe, that it is as groundless as the former. I challenge this unworthy son of Saint Bartholomew to produce a single instance of either of these gentlemen refusing to communicate any information they are possessed of to any student who has applied to him. I would appeal to the candour, honour, and honesty of this pupil; qualities in which I am afraid he is deplorably deficient; I would ask, does he not feel any compunction for such ungrateful conduct towards Mr. Earle, who is so kind and so attentive to the pupils? who has done, and is still doing so much for their improvement and instruction; who seems to have no other occupation, no other desire, than that of advancing their interests; and who spends so much time in explaining to them points of practice which he considers of importance, or upon which they may feel anxious to be informed.

The pupils and dressers feel justly exasperated against the author of this production; and if it be possible to discover him, they have determined to drive him with indignation from among them. I would merely observe, that if he does not keep very quiet, he shall find St. Bartholomew's rather hot, particularly during the summer months.

But this is not all: *Messrs. Vincent and Earle are accused of absenting* themselves from the post-mortem examinations. I did not know before that it formed any part of the duty of the surgeons to attend on these occasions; I have, therefore, to express my obligations to the writer for this piece of information. In other hospitals, I know, it is considered the business of the house-surgeons. Since, however, the neglect of it has been made a ground of accusation, I would reply, that they attend quite as often as Mr. Lawrence, who it would appear is, in this, as in all other matters, the model of perfection.

But, you will say, why write this long letter to me? Why not administer the antidote where the poison has been diffused? I answer, that from the shameful malignity which the Lancet has uniformly displayed towards these gentlemen, particularly Mr. Earle, I could not hope for a fair and impartial hearing.

Besides, candour and fair dealing are terms with which the Lancet seems very imperfectly acquainted; and with the spirit and sentiment of which, God knows, its pages are as sparingly imbued as is any publication of the day. To say the truth, however, sir, I consider it an important part of the duty of the Medical Gazette to correct and neutralize the poison so industriously disseminated by that periodical. From this consideration, the respectable portion of the profession—those of talent and worth—have broken up the unhallowed connexion with the Lancet—have hailed with peculiar satisfaction the appearance of the Medical Gazette—rejoice in its prosperity, and entertain the strongest assurances of its success. A work conducted on the principles of the Lancet, cannot long continue: history and experience furnish us with no examples to justify the supposition. It is fast approaching a state of extreme emaciation. Disease and death seem strongly shadowed forth in its countenance. You may observe the most unequivocal symptoms of decay and dissolution. Mr. Lawrence is the only distinguished individual in this city who clings to its interests, and props its falling fortunes. But it is all in vain. Its funeral knell shall soon be heard; and a few convulsive pangs will bring exhausted nature to a close. "Alas! poor Lancet; dust thou wert, and unto dust thou shalt return." What a mass of disease must the sectio cadaveris exhibit; or, to speak without a figure, what an ample field for the moralist and the casuist, upon which to exercise their respective powers, in examining the character, estimating the motives, and marking the ravages of this moral hydra.

Yours, most truly,
A Bartholomew Pupil.

June 19th, 1828.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'Alembert.

Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society. Vol. XIV. Parts 1 & 2.

[Continued from page 119.]

Cases of Tumors in the Abdomen, arising from organic disease of the stomach, with Remarks. By Edward J. Seymour, M.D. (Sec.) Physician to the Asylum for Recovery of Health, &c.

Dr. Seymour remarks, that the cases of organic disease of the stomach, related by authors, have generally been detected during life by the symptoms which have been considered universally as essential to the complaint; and where a tumor has been discovered, it has been so from the presence of those symptoms having called the attention of the practitioner to the probability of its existence. These symptoms are usually "pain in the region of the stomach, aggravated on taking food; frequent vomiting, sometimes mixed with blood, often occurring about half an hour after solids or fluids have been swallowed; sensation of weakness; occasional syncope. As the disease advances, the vomiting increases in frequency, and resembles coffee in colour; and there are often accessions of hectic fever, with great emaciation."——"In a great number of cases there is a remarkably exsanguine appearance in the countenance, even early in the disease."

That these symptoms do not always exist, is proved by the second and third of the cases detailed by Dr. S. In the former of these, a tumor, about the size of an orange, was discovered, on the 14th of March, 1827, just below the umbilicus, to the right side; this increased rapidly, and on the 2d of October following the patient died. The early symptoms were water-brash, and great debility; the latter ones were chiefly extreme debility, frequent syncope, and great emaciation. At no period was there pain or vomiting; the appetite and digestion continued unimpaired, and there was no tenderness on pressure. On examining the body, the tumor was found to be formed by the stomach, at the pyloric half, and to be of the nature of fungus hæmatodes. The whole interior surface was ulcerated, and portions of the tumor projected into the cavity of the stomach. In the thickest portion of the stomach (the anterior) several abscesses were found, one of which had been opened during life, and had discharged fetid sanious pus.

In the third case, a tumor was also discovered during life, but there was no pain, except on very forcible pressure; there was no vomiting after food,

though at one period the food appeared "to stop at a particular spot (the cardia) for three or four hours," and the appetite continued unimpaired. There was great debility, and an exsanguine appearance: at first the patient was much troubled with costiveness; his bowels then became regular, but latterly he had diarrhœa, under which he sunk. At the pylorus a tumor was found, as large as a man's fist, and nearly globular, situated principally at the anterior and lower portion. At the outer part the tumor was hard and white, but on the inner surface there was ulceration, "and a sloughy mass was exposed, having a cavity in the centre, communicating with the cavity of the stomach, and having irregular projections of a dark brown or blackish colour."

Both of these diseased appearances are illustrated by beautiful lithographic plates. In each of the cases above-described, tubercles were also found in the liver; in the former, in a crude state; in the latter, in a very advanced stage of development, exactly the tumors described by Laennec and Andral, under the name of "*tumeurs encephaloides*;" "and," says Dr. S., "there can be little doubt that the disease in the stomach, and that in the liver, are of the same nature, modified only by the structure in which they are found."

Many authors have related cases of the simultaneous existence of this organic disease in different structures, as the brain, liver, kidney, bronchial glands, lungs, and uterus; one variety of which, in the latter organ, has somehow or other obtained the name of "cauliflower excrescence." In the third case related by Dr. S. there was a deposition of the same morbid matter in the transverse branches of the vena portæ; a similar occurrence has been described by Mr. Langstaff and others.

Dr. Seymour proceeds to ask, "what, then, is the nature of the disturbance in the due performance of the laws of the economy, in its circulation, absorption, or secretion, which immediately precedes the formation of these diseases?

"It appears to me to present none of the ordinary phenomena of inflammation, nor is its termination in any manner similar to the terminations of that morbid process as far as they are at present understood, as effusion, suppuration, deposition of lymph, or hepatization. It arises often without the unfortunate patient being aware of its commencement, and proceeds without pain, redness, or swelling, or heat of the affected part, these not being observed until its size, or encroachment upon neighbouring parts, produces secondary attacks or alterations in contiguous textures, which rouses the attention of the patient The exsanguine appearance of the patient, even at a very early period, and the uncommon depression of vital power which he experiences, would lead to the belief of a constitutional cause; either an alteration in the constituents of the blood, from which these diseased products are separated by the ordinary secreting power of vessels, or from a morbid alteration in the secreting powers themselves, or from both of these causes."

Dr. S. concludes his very interesting paper with some remarks on the treatment of these diseases, where the usual symptoms *are present*, and relates two cases where the prussic acid was of much service in relieving the pain and vomiting, when all the usual remedies had entirely failed, such as bleeding, leeches, blisters, opium, conium, belladonna, &c. Where vomiting and pain are not present, Dr. S. advises liquor potassæ in large doses, from the benefit which was experienced in the case which we have first epitomized. Rest appears essentially necessary.

Observations on Depositions of Pus and Lymph occurring in the Lungs, and other Viscera, after Injuries in different parts of the Body. By Thomas Rose, M.A. &c. &c.

The object of this paper is to draw the attention of the profession to depositions of pus and lymph, which take place after operations, and considerable wounds of any kind. Mr. Rose refers to Desault, and other French writers, who have particularly described, and probably considerably over-rated, the frequency of cases in which abscesses are found in the liver, after injuries of the head; but, on the other hand, the author is of opinion that the subject has been too much neglected by English surgeons. In 1813 Mr. Rose, being then with our troops in Spain, communicated to Sir James M'Grigor the fact of his having, in several instances, met with abscesses after ampu-

tations, and other wounds of the extremities. These depositions have occurred under his observation in the lungs, liver, and spleen; nor has he been able to discover any peculiarity of constitution connected with them.—Many took place in young, robust individuals, who, from the nature of the original accident, had been treated on the strictest antiphlogistic plan throughout; while in others—as compound fractures—the strength of the patient had been supported after the primary inflammation had subsided. In all these cases the abscesses were formed at some period between the end of the second and fifth week after the receipt of the injury. They are thus described:—

"The affections of the viscera, to which I have referred in this paper, have a peculiar character; and it appears to me that this may, in some degree, be accounted for by the rapidity wherewith, in the state of the constitution during which these abscesses occur, any congestion or inflammation, in whatever part it took place, would be followed by effusions of purulent fluid and of lymph. It is at the time when the parts in which the injury took place are in a state of suppuration; and in particular when, from the nature of these parts, or from the confinement of the matter, great irritation of the system has been for some time kept up, that such internal abscesses are apt to form; and it often happens, as is remarked by Bertrandi, that they have not been discovered until a post-mortem examination. But although constitutional disturbance, evidently referable to an unfavourable state of the wound, has in all the cases which have come under my observation preceded the formation of these visceral diseases, yet a favourable change has often taken place in the wound before the symptoms of the internal abscess have begun to manifest themselves; and we are sometimes able to detect the existence of the latter by the presence of rigors and other symptoms of suppurative fever, at a time when the wound itself is disposed to heal.

"The examination after death of those who have been affected with this disease, presents appearances which are well worthy of notice, though it is not easy to convey a correct idea of them in words. The disease consists, apparently, of depositions in the cellular texture of the affected organ, partly of a white or yellowish-coloured lymph, and partly of pus. These depositions vary in size from beyond the bulk of the largest walnut to something less than a common pea. Where the lymph is most abundant, they may be described as a soft white tubercle of irregular shape, not contained in a cyst, but imbedded in the cellular substance of the part, and gradually blending with its natural structure. When pressed, some pus exudes from them. Where the pus collects in greater quantity, it is lodged in an irregular cavity, probably in the middle of some of the tubercles, and the walls of the abscess are formed of flakes of lymph." The number of these tubercles and abscesses vary in different instances, there being sometimes only one or two, and sometimes the whole viscus being filled with them. In the lungs they are chiefly formed in the parts adjacent to the pleura pulmonalis, and there is often at the same time an effusion into the cavity of that membrane of a sero-purulent fluid mixed with lymph. In the liver and spleen they are dispersed throughout the substance, sometimes shewing themselves in one or more yellowish patches, not elevated, on the convex surface of the great lobe of the former viscus, and at other times lodged in its substance. The parts adjacent to them shew evident marks of increased vascularity."

The only rational explanation—if explanation it can be called—of the formation of these depositions, is to attribute them, with Desault, to disturbance of the nervous system. When once formed, they are almost invariably fatal.

Four cases are given in illustration, in which abscesses and lymph were formed in different organs, and after entirely dissimilar injuries; and in an appendix to the paper, several cases are detailed by Mr. Lawrence, confirmatory of the description and statements of Mr. Rose.

Observations on a peculiar Inflammatory Disease of the Eye, and on its Mode of Treatment. By WILLIAM WALLACE, M. R. I. A. &c.

IN some preliminary remarks on the pathology of inflammation generally, Mr. Wallace observes, that although the removal of the morbid distention of

the capillaries is frequently the only requisite, with the assistance of the natural resources of the part, for the cure of inflammation, yet that the removal of such distention is but one element, and that often a very secondary one, in the treatment of inflammatory diseases, as it is clear that this distention must depend primarily on an alteration of the vital properties of the capillary vessels; an attention to which, must be a great object in the treatment of many inflammations. It is, without doubt, by some inexplicable relation of this kind, acting on the altered properties of diseased parts, that the remedies known as specifics operate; and as we can calculate upon the action of these, as of mercury in syphilis, sulphur in scabies, and bark in ague, it is evidently a great object, in extending the resources of medicine, to increase our knowledge of such agents as exercise a specific influence over particular diseases. Such appears to be the view in which Mr. Wallace is inclined to regard the mode of action, importance, and value of cinchona, in the treatment of a "peculiar inflammatory disease of the eye, occurring after fever, and in which he considers it a specific." (291.)

The affection of the eye has two very distinct stages: during the first, amaurotic symptoms alone exist; in the second there are added symptoms of inflammation. A similar distinction is observable during the amendment; it uniformly happening that the inflammatory symptoms subside a longer or shorter time before the amaurotic symptoms disappear. The duration of the amaurotic symptoms, prior to the occurrence of the inflammatory, is very uncertain, as well as the period after the fever at which they commence: it may be with the convalescence, or weeks or even months afterwards.

"When a patient presents himself labouring under the disease, his aspect is peculiar, and, when once seen, is afterwards easily recognized. To those who who have witnessed the venereal iritis, it may be observed, that there are many points of resemblance, as well in the style of the countenance, as in the appearance of the diseased organ. There is often that haggard and worn aspect; that sickly, mottled, pallid hue of skin; that sleepy, exhausted, and oppressed appearance of the eye, which is much more easily observed than described. The patient only half opens the lids of the affected organ. They are of a purplish red colour, and tumid. Their subcutaneous vessels are preternaturally enlarged. The vascularity of the sclerotic and conjunctiva is greatly increased. The vessels of the former describe a reticulated zone round the cornea, and those of the latter run in a direction more or less straight to the edge of this membrane, and sometimes appear to pass on the edge. The hue of the redness is peculiar; it is a dark brick-red. The pupil is generally much contracted, and its edge thickened and irregular. The iris is altered in colour, generally greenish, and incapable of motion. There exists a suffused dimness of the cornea, which may be compared to the appearance glass assumes when it has been breathed upon. There is often a turbidness of the aqueous humor, and a pearly appearance of the parts behind the iris may be observed by looking through the pupil. There is great intolerance of light, and a copious, hot, lachrymal discharge. The vision will be found, for the most part, so extremely imperfect, that the patient can merely distinguish light from darkness, and he is often tormented by flashes of light, which shoot across his eye, and these occur more particularly in dark places; or he is troubled by brilliant spectres, or by the constant presence of muscæ volitantes. There is very considerable pain, which returns in paroxysms, and these are almost always more severe at night. The pain is sometimes referred to the ball of the eye, sometimes to one of the lids, sometimes to the temple, or to the circumference of the orbit. It is, one while, compared to the action of a saw on the bones, and on other occasions, to the darting of a sword through the eyeball.

"This disease occurs as frequently in the male as in the female. The youngest patient, of whose case I have a note, was 10 years of age, and the oldest 36 years. It seldom attacks both eyes, and the right eye suffers more frequently than the left. Of forty cases, which I have noted, there were only four who had the disease in the left eye, and only two who had it in both. The general health seldom appears to be much deranged. The tongue is, for the most part, slightly white. There is often considerable thirst, and the pulse is somewhat accelerated. The bowels are

frequently confined, and there is occasionally a disposition to nausea. The disease has occurred more generally in those who have been the subjects of relapse, but the period at which it takes place after the first attack of fever is extremely uncertain. In some it has appeared immediately, and others not for months. Sometimes a state of apparently full health has intervened between the attack of fever and the commencement of the inflammatory disease of the eye. On other occasions, the general health has seemed imperfect from the time of the fever, until the occurrence of the ophthalmic affection."

Mr. Wallace is inclined to regard this inflammation of the eye as commencing in the choroid coat, and extending from this to both retina and iris. The affection of the organ to which it has most resemblance, is the venereal iritis; and this resemblance is often so striking, that the one cannot be distinguished from the other without particular attention to the history of the case, and to the concomitant symptoms.

The influence of bark over this affection (discovered by the fortunate contingency of a patient, with it and ague, getting well of both under this medicine) is most remarkable, and the author's language leads one to the belief that he considers it quite infallible. At first he did not venture to employ the bark, when the inflammatory symptoms were very severe, without premising bleeding and purging: but latterly, whenever a case presented itself, bark alone was given, or simply with such medicines as regulated the bowels, and with the most decidedly good effects. Indeed Mr. W. thinks that abstraction of blood has, on some occasions, retarded the cure.

Previous to the discovery of the efficacy of bark, the affection had been treated, like the venereal iritis, by mercury, and, as he had full opportunities of observing, with ill consequences on many occasions. On this point he is at issue with Mr. Hewson, who has represented it as curable by mercury; but in whose account Mr. W. asserts there must be some error—for, on the other hand, the curability of the disease by bark, when the mercurial treatment has failed, has been ascertained, by himself and others, on many occasions. It seems to have been generally given in the form of powder, a teaspoonful, or a drachm, three or four times a-day; or in the form of sulphate of quinine.

The author supports his statements by a number of cases, classed under the head, first, of those where mercury had been employed in vain; and, secondly, of those where this mineral had not been used; this division being separated into such cases as were not submitted to treatment until the inflammation had commenced, and those which were treated during their amaurotic stage.

MEDICAL GAZETTE.

Saturday, July 5, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

ERYSIPELAS.

In our last number we gave a full, and, we trust, a correct analysis, of Mr. Lawrence's paper on Erysipelas; in doing which we confined ourselves, in conformity with our general plan, to a digest of the opinions of the author, not interrupting the narrative by matter of our own. There are, however, some points on which we differ from Mr. Lawrence; and as recorded opinions become public property, we look upon them as affording legitimate subjects for discussion in our Journal, particularly when the interest of the doctrines themselves, or the eminence of those by whom they are advanced, renders them objects of general attention.

Mr. Lawrence is of opinion, in common with many others, that erysipelas, in all its forms, is but a modification of inflammation, and that whether produced by external or internal causes, it is still the same—the varieties it manifests depending upon accidental circumstances; he likewise holds that it is unattended by any peculiar debility, and is to be treated with blood-letting, and other general antiphlogistic means; while in the severer forms, the local treatment is

to consist of incisions extending the whole length of the inflamed part.

The impression left on our minds, after a careful perusal of the arguments adduced in support of these positions, is, that Mr. Lawrence has drawn his conclusions from cases of erysipelas resulting from wounds—not from that form of the disease where there has been no local injury, and which almost invariably attacks the face and head, without any apparent cause why these parts should be affected more than any other. Now we look upon these affections as presenting characters essentially different; and although the author argues that they are the same, yet several expressions which he incidentally makes use of, seem to be at variance with this idea. Thus he tells us, that when erysipelas attacks the face, it is not attended "with that serious inflammation of the subcutaneous structures" which occurs elsewhere; and again, "the disease in this situation has a tolerably regular course, ending either in resolution, vesication, or desquamation;" for which reasons Mr. Lawrence refers it to the head of "Simple Erysipelas." Yet it is acknowledged that in this instance the "simple" form of the disease is often attended by very great constitutional disturbance—much greater, in fact, than the local inflammation can account for: so that Mr. Lawrence is obliged to have recourse to another explanation, asking, "should we not expect, *à priori*, that erysipelas of the head would produce much more severe sympathetic effects than that of a limb?" But in this form of the disease the fever and constitutional disturbance generally *precede* the local affection; and where this happens, the "brain, participating in the inflammatory excitement of the contiguous and connected parts," fails to explain the phenomenon, inasmuch as the parts alluded to are not yet inflamed. When for three days before the eruption, in a severe case of small-pox, there is intense fever, does any one venture to suggest, as an explanation of this, that the brain is sympathising with the future eruption?

Mr. Lawrence says, "the facts collected by Dr. Wells, Dr. Stevenson, and Mr. Arnott, clearly prove that erysipelas of the face is sometimes contagious. All these cases, with one ambiguous exception (the first case mentioned by Dr. Wells), are instances of erysipelas of the face from internal causes." We have ourselves likewise seen several instances of a similar nature—for example, we have known an individual twice attacked with erysipelas of the face, each time being within ten days after having visited a person labouring under that disease. Mr. Lawrence, aware that to admit one form of the disease to be contagious without the other would go far towards proving a difference between them, endeavours to do away the force of this argument, 1st. by expressing doubts with regard to the contagious nature of either form, and, 2dly. by extending that attribute to both. Thus we are told (p. 31) that erysipelas *is* a disease "the contagious nature of which is, to say the least, very doubtful;" and again, (Note, p. 25), that certain observations "clearly prove that erysipelas of the face is sometimes contagious." Now having made this last admission, notwithstanding his previous doubt, our author proceeds to adduce evidence that not merely "erysipelas of the face from internal causes," but that form likewise which originates in external injuries, is contagious. He states that he has lately met with an instance in which erysipelas, "caused by a seton in the neck, seems to have affected two individuals by contagion." On turning to the case in question, we find (page 131) that a man who had a seton in the neck became affected with erysipelatous inflammation round the wound,

which spread over the head and face; that he returned home in a fortnight, "the inflammation not being quite at an end:" his wife and child slept with him—the latter had a scald on the leg, round which "a slight blush" made its appearance, and extended upwards and downwards. At the end of two days the child was brought into the hospital. Next day his wife was affected with inflammation of the throat and swelling of the tonsils, for which she also was received into the hospital; and "in a few days she went out nearly well." Her husband was still ill, "but the erysipelas had ceased." She now slept in a separate bed in the same room. Next day her throat was worse, and she returned to the hospital, and had erysipelas of the face.

There will, probably, be different opinions as to the degree of proof afforded by these cases, that erysipelas from local injury is contagious. With regard to the first, it is obvious that "a slight blush" round a scald scarcely requires the intervention of this cause to account for its appearance, particularly when we know that erysipelas is so frequently epidemic. While with respect to the mother, it is remarkable that when she slept with her husband, "the inflammation not being quite at an end," she should have escaped; and that when she did not sleep with him, and "the erysipelas had ceased," she should have caught the disease. In answer to this, perhaps it may be argued, with some justice, that the sore throat with which she was originally affected, was the first manifestation of the erysipelas. Should this argument be used, however, and indeed under any circumstances, the case must be looked upon as one strikingly illustrating the difficulties of "cutting short" this form of the disease.

The preceding observations also bring us to remark, that the frequency with which the throat is inflamed, in erysipelas of the face, is another phenomenon, connecting that form of the disease more closely with the exanthemata, in which the mucous membranes of this and the adjoining parts are so generally implicated. In erysipelas, the affection of the throat is frequently overlooked, amid the severity of the other symptoms—but in some cases it is so severe as to be loudly complained of. It does not bear any proportion to the severity of the eruption; being sometimes severe where this is slight, and diminishing as the skin becomes affected. We believe that, if looked for, it will generally be found at some period of the disease, and to a greater or less extent.

We are told, that "vigorous treatment in the beginning, will often cut the attack short;" and six cases are mentioned in illustration. We have read these cases, and find that not one of them presents an example of erysipelas from "internal causes;" they are all instances of inflammation connected with external injury. It is true that, in one, the inflammation was situated in the face; but then it arose, and "slowly developed itself," from the wounds made in removing two tumors, one over the parotid and the other in front of the ear. From this enumeration of cases, we infer, as beforementioned, either that Mr. Lawrence has not seen many cases of erysipelas unconnected with local injury, or else that, as in the case above mentioned, he has failed "to cut the attack short."

For these reasons, taken collectively —namely, the disease not being attended with the same severity of inflammation; the constitutional disturbance being proportionally greater; its preceding the eruption; the disease running "a tolerably regular course;" its being "sometimes contagious;" its being frequently attended with inflammation of the throat; and there being no instance mentioned by Mr. Lawrence in which the attack has been cut short;—

we say that, for these reasons, we look upon erysipelas of the face, not arising from local injury, as a form of disease so different from that which is immediately dependent upon some external cause, as to render the reasoning applied by Mr. Lawrence to the latter inapplicable to the former, especially as regards the effects of remedies. We believe that erysipelas of the face is capable of being mitigated by judicious treatment, precisely on the same principle as small-pox, or any other of the exanthemata; none of which, we know, can by any treatment, however active, properly speaking be "cut short."

Mr. Lawrence, while he acknowledges an affinity between erysipelas (we presume he alludes especially to that of the face) and the exanthemata, endeavours, nevertheless, to point out certain marks of distinction between them. Thus we are told (page 18) that the latter are "confined to the skin," while the former attack "both skin and cellular structure." This position, however, is incorrect, and the alliance is closer than our author is willing to allow. The exanthemata are not confined to the skin, for, as a general rule, they implicate the mucous membranes; nay, in some instances, their local manifestation is confined to these—for example, in cynanche, without cutaneous eruption from the contagion of scarlatina. Again, they do affect "cellular structure." Tumefaction and effusion are mentioned as proofs of this being concerned in erysipelas;—and have we not equal evidence of the cellular membrane being affected in small-pox?—the example *par excellence* of an exanthema.

The author is at a loss to discover those marks of debility which some have so much insisted on." Now this is a very important statement, as it is calculated to have a direct influence upon our treatment; particularly if taken in conjunction with the idea of cutting short the disease. Here, too, we have the misfortune to differ with Mr. Lawrence, our experience being decidedly in accordance with the general opinion. We have seen erysipelas treated both by the antiphlogistic and stimulating plans; and are fully impressed with the conviction that debility, after a period which varies in different cases, becomes a more prominent and important feature in this than in simple inflammation, whichever method of treatment has been adopted. In saying this, however, we by no means advocate the early and indiscriminate adoption of the tonic plan; on the contrary, we are satisfied that antiphlogistic means, by moderating the severity of the disease in the majority of cases, saves, instead of exhausting the strength. But, on the other hand, there are some cases of erysipelas where stimulants (particularly ammonia) become necessary even from the commencement; as an illustration of which, we may allude to those instances which sometimes occur in persons whose constitutions are worn out by long continued venereal complaints, in which mercury has been largely and injudiciously administered.

The only other circumstance to which we shall allude, is the practice of incisions in phlegmonous erysipelas. There are two points of view in which these have been considered: first, whether the practice, in any form, be efficacious; and secondly, the propriety of the practice generally being admitted, to what extent the incisions ought to be carried. The first is easily settled: all surgeons, whose opinions are of any weight, are agreed that, *in certain forms of the disease*, this practice gives the most speedy and effectual relief. There may be differences of opinion as to the precise length of the cuts, but, in the true spirit of their art, they are all of one accord that incisions of some kind must be made. Still, however, the remedy is a very severe one, which

ought not, and in private practice, we venture to say, which cannot be had recourse to, except under circumstances of urgent necessity.

As to the length of the incisions, it appears quite impossible that any fixed rule should be laid down. We can easily imagine cases in which one cut, clean through the inflamed part, will be most eligible; but this must be when the inflammation is not very extensive. When the whole, or greater part of a limb is affected, we should imagine the smaller, but more numerous incisions of Mr. Hutchison, or the yet gentler operation practised by Dr. Dobson, if not more effectual in relieving the local disease, would, at least, be less fearful to the patient and his friends, and more free from the danger of fatal hæmorrhage. Mr. Lawrence details four cases in which death followed the incisions, though he does not appear to attribute the fatal result to their employment.

Upon the whole, our impression is, that considerable misapprehension has gone abroad, with regard to the opinions advanced in the paper alluded to, and which, when it was read before the Medico-Chirurgical Society, gave rise to such lengthened, and, unfortunately, to rather angry discussions.

While, on the points above mentioned, we differ with the author, at the same time we fully concur in his general recommendation of the antiphlogistic treatment. But, with regard to the extent to which bleeding is to be carried, and still more with respect to the length of the incisions, we think that Mr. Lawrence, with a natural partiality for what has been so keenly contested with him, over-values their advantages; and that others, free from this bias, in admitting the *occasional* necessity of adopting, to their full extent, the measures he recommends, will, as a *general* rule, considerably narrow the limits of their application.

COLLEGE OF PHYSICIANS *versus* HARRISON.

This cause came on last Thursday, in the Court of King's Bench.

Sir James Scarlett, for the prosecution, stated that the College of Physicians have, by virtue of their charter, the power of calling before them, for the purpose of examination, all those physicians who practise in London, and within seven miles thereof; and of levying a fine of five pounds on those who refuse to obey the summons. That such was the case with Dr. Harrison, who denied their authority, and expressed his desire to try the question in a court of justice.

Evidence of practice was then called, prescriptions of Dr. Harrison put in, and his various letters (formerly published in the Gazette) were read.

Mr. Campbell, for the defendant, denied the validity of the charter; which being over-ruled by the Court, he then proceeded to argue that his client, in the case brought forward, practised *surgery*, not *medicine*, and that the College of Physicians had only jurisdiction over the latter. In short, the defence set up was, that *Doctor* Harrison was a surgeon, not a physician.

Lord Tenterden, in summing up, adverted, in strong terms, to the palpable inconsistency between the letters of Dr. Harrison, in which he throughout speaks of *physicians* and *medicine*, without, in one instance, alluding to himself as a *surgeon*, and the defence now made.

The Jury, however, apparently guided exclusively by the case which had been adduced, brought in a verdict for the defendant.

The case made out by the College was extremely weak, only one instance of practice being proved, and that, too, of a surgical nature. At the same time Dr. Harrison, although he has gained the cause, has only done so by sacrificing all the principles set forth with so much pretension. He has gained his cause—but he has effected this only by virtually acknowledging the power which he denied. He began as an independent *physician*, asserting the rights of a whole body; he has ended as a *surgeon*, and has saved his money at the expense of his consistency. The defence was a mere subterfuge; and the question which Dr. Harrison professed it to be his intention to set at rest, remains—precisely where it did.

A REPLY TO THE ANSWERS MADE TO THE QUERIES CONCERNING THE FIFTH PAIR OF NERVES.

To the Editor of the London Medical Gazette.

SIR,

I HAVE read in the last number of your Journal, the answers, by "Philalethes," to certain queries concerning the fifth pair of nerves, and I find that he refers to the writings of Mr. Mayo for information. I was surprised that he, at the same time, makes the extraordinary assertion, that Mr. Mayo discovered the analogy which exists between certain nerves of the face and those of the spine; and *that one twig imparts motion, and a second imparts sense, to the same muscle.*

I had always before conceived that this was the grand foundation of Mr. Charles Bell's discoveries in the nervous system; that it was to him, and not to Mr. Mayo, that we were indebted for proving the distinct properties of the roots of the spinal nerves; that it was to him also we owed our knowledge of the important fact that, among the nerves of the head, the fifth pair is the only one which, in all respects, resembles those of the spine, both as regards its structure, and its possessing double functions; and I also thought, in respect to the nerves of the face, that it was Mr. Bell who explained the distinct offices of the portio dura of the seventh pair. However, to investigate this unexpected claim set forth for Mr. Mayo, I did refer, according to Philalethes' advice, to the works of that gentleman.

I began with the first number of his Anatomical and Physiological Commentaries; and there I found—not that Mr. Mayo had discovered the spinal to be double nerves, nor that he was even acquainted with the fifth pair having double roots, (for he formally describes the anatomy of this nerve, and never alludes to this important feature of it)—but I found that he was engaged in reviewing Mr. Charles Bell's first paper on the nervous system, published in the Philosophical Transactions, and obviously with no very friendly intent.

Now in that paper (even as it is quoted by Mr. Mayo himself), it was Mr. Bell's object to prove, that the spinal nerves and the fifth pair had one common character, and that they formed one class. The reasons Mr. Bell has assigned for classing these nerves together are stated to be—first, that they are the only nerves of the body which arise by double roots, and have a ganglion formed upon one of them; second, they all possess two distinct endowments, by virtue of their having double roots—one root bestowing muscular power, the other sensibility. But further than this, Mr. Bell has, in the same paper, proved, from making these prior discoveries, the foundation of a very important principle—that there is a variety of other nerves, possessing distinct qualities from the above spinal or symmetrical system, which he has accordingly classed separately.

Instead of finding Mr. Mayo taking any share in these discoveries, or claiming any merit for them, which Philalethes led me to expect, I find the classification proposed by Mr. Bell, together with all the conclusions derived from it, are most sweepingly combated and rejected by that gentleman. Witness the last sentence of his paper:—"It remains for the reader to decide whether Mr. Bell's experiments are satisfactory, or bear out his inferences; whether the latter, coupled with my former observations on the five 'respiratory nerves' of this author, leave his theory tenable; and, perhaps, finally to determine, whether there exist in the whole of Mr. Bell's Essay, after the deduction of his controvertible statements, more than one correct inference. I here allude to Mr. Bell's experimental confirmation of an opinion which, at the beginning of the 18th century, occurred to Dr. Blair, on his minute examination of the proboscis of an elephant, viz. that the infra orbital nerves are nerves of touch."

There cannot, surely, be another hardy enough to assert that this Dr. Blair had anticipated Mr. Bell in the extraordinary series of facts announced in his paper, and which has excited the attention of the profession of every country in Europe.

Being convinced that Philalethes was totally ignorant of the manner in which Mr. Mayo was connected with these researches—that he was doing that gentleman an injury by making it appear that he asserted any claim to a share in discoveries, which belong entirely to Mr. Bell—I thought it needless to refer to any more of the works recommended by him. On look-

ing, however, into Mr. Mayo's second paper, I found that Mr. Bell is not once even so much as alluded to. Much was I astonished, therefore, when I saw that those very facts and doctrines which, in the preceding number, Mr. Mayo had denounced as untenable, were now thought worthy to be brought forward by him as his own original discoveries. He tells us, at page 8, that the fifth pair of nerves has two roots; and, moreover, that he has discovered an analogy to exist between it and the spinal nerves.

Let me take the liberty of examining how he has arrived at this very important result. Having explained the anatomy of the fifth pair of nerves, and remarked that Soemmering had formerly noticed that it has two roots, which join together like those of the spinal nerves, he proceeds:—"By this analogy I was led to conjecture that the double roots of the spinal nerves have functions corresponding with those of the fifth; and that the larger posterior portion of each spinal nerve, with its ganglion, belongs to cutaneous sensation, and the anterior branch to voluntary motion. When I was engaged in experiments to determine the fact, M. Magendie's were published, which establish the justness of my conjecture."—(p. 8.)

This sentence was surely written previous to the disclosures which proved that M. Magendie had only repeated the same experiments which were published many years before by Mr. Bell.

It appears Mr. Mayo has appropriated to himself two things—1. the discovery of the double functions of the fifth pair of nerves; and, 2. the sagacity of having very nearly discovered that which he has conferred on M. Magendie, viz. that the anterior roots of the spinal nerves bestow voluntary motion, while the posterior bestow cutaneous sensation. Now these are, perhaps, without exception, the most important discoveries that have ever, at any time, enriched physiology. Let us see on what foundation Mr. Mayo has assumed this merit to himself. It is well known that Mr. Bell's attention was drawn to the roots of the fifth, from having discovered the distinct functions of the roots of the spinal nerves. But were we to rely on this assumption of Mr. Mayo, *he* had discovered that the fifth nerve was a double one: and, by inference from this, he was just about to discover that the spinal nerves were also double, when, he says, he was anticipated by M. Magendie. He drew his opinion, then, from certain experiments. Now these experiments are exactly those which Mr. Bell had previously performed on the nerves of the face—viz. cutting the fifth and seventh nerves; the results of which declare nothing more with regard to the fifth, than *that it is merely a sensitive nerve*. It was not only improbable, but I maintain it was impossible, that Mr. Mayo could infer the functions of the spinal nerves, from what he then knew by experiments on the fifth.

Again, Mr. Mayo says that he observed a portion of the fifth passing the ganglion, and therefore concluded that this was a muscular nerve. Who was it, I ask, that taught him to look on it as a matter of importance whether the portion passed the ganglion or not? Who was it that taught him the importance of a ganglion at all, and that it was the mark of a nerve of sensibility? How was he brought to look differently upon these facts from those celebrated anatomists who had described them all before him? For, let it be remembered, that neither Mr. Bell nor Mr. Mayo have described any thing regarding the fifth, *anatomically*, that was not previously known to all good anatomists. The double origin of the fifth, its ganglion, the passing of a portion of the nerve, without interfering with the ganglion, the distribution of this portion to the muscles of the jaws and cheeks—are all accurately set forth in descriptions and in plates. How, then, did Mr. Mayo draw the conclusions from these facts, which men of acknowledged celebrity and ingenuity had failed to do? I reject the explanation of Mr. Mayo, that, because he had found the two roots, he had therefore found the double office of this nerve. No such inference had been drawn by all those who knew these circumstances; and I see no course of reasoning that could lead him to the conclusion, but the analogy pointed out by Mr. Bell between the spinal nerves and the fifth pair, and the leading principle that distinct origins give different properties.

Mr. Mayo has said he has discovered that the three branches of the fifth nerve which come out upon the face, are the nerves of sensibility (p. 7). This is a most extraordinary assertion to have ventured upon, when we know that Mr. Bell's paper, delivered to the

Royal Society, to prove this very circumstance, had been long before the public. But let us suppose, for a moment, that he had proved this. He comes to the dissection of the fifth, and he finds a portion passing the ganglion. He concludes, therefore, that this is a muscular nerve; that is to say, having proved that a part of a nerve is for sensation, therefore another part of the same nerve is for motion! How can Mr. Mayo reconcile this? What course of reflection, or analogy, was in his mind, that could lead him to this conclusion? He had no reason to suppose that a different root possessed a different power, for he had rejected that explanation of Mr. Bell. He could not have taken it from M. Magendie, for he says he had anticipated that physiologist. Sœmmerring, and the other German authorities, knew these facts; but they never conceived that the different roots of the fifth gave different powers. It is, therefore, for Mr. Mayo to explain why he did not take the suggestion of Mr. Bell, that double roots gave double properties; or why, knowing it, he had not, as it was his duty, promulgated it.

In the first paper, Mr. Mayo rejects the facts and the conclusions drawn from them by Mr. Bell; and in the second, he assumes them as his own.

I am,
Your obedient servant,
A Pupil of Windmill-Street.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Venæsection, followed by Inflammation of the Vein, and Death.

Thomas Fuller, ætatis 21, an athletic man, and a "traveller" by occupation, was admitted into this hospital on the 18th of June, under the care of Dr. Hewett.

It appears, by the report in the ward-book of the above physician, that the patient laboured under general anasarca and a dry cough, which had followed some exposure to wet and cold, about three weeks previous to admission. He was ordered submuriate of mercury, with pil. cambog. and antimonial wine; and had twelve or fourteen ounces of blood abstracted from the arm. In the evening the bleeding was repeated, though not to the same extent, as faintness was induced on the loss of a smaller quantity. He was bled on both occasions from the same opening, in the median cephalic vein of the right side; and the blood which was taken last was somewhat buffed.

The chest affection was in some degree relieved, but on the 21st he complained of pain, with a little tenderness, in the arm, which was evidently swollen. The lips of the puncture were adherent; the integuments around a little red; the pulse 112, rather full and easily compressed; the tongue white; the bowels costive.

Blue pill and scammony, with aq. ammon. acetatis; a scruple of acetate of potash; and a drachm of syrup of orange-peel, were directed to be taken every six hours: sixteen leeches were put upon the arm, and a poultice afterwards applied.

22d.—He obtained some rest during the night, and the rigors have not returned. A red streak is observed upon the fore-arm, running downwards from the puncture towards the wrist, in the direction of the cephalic vein, which is painful upon pressure. There is neither pain, discoloration, nor tenderness, in the arm or the axilla. The bowels have been freely opened, but he has been attacked with vomiting of green and bilious-looking fluid.

℞ Magnesiæ Ust. ℈j. Pulv. Tragacanth. c. 3ss Liq. Potas ℥xij. Syrup. Althææ 3ij. Aq. Menth. Vir. 3x. T. Opii ℥ij. statim, et omni horâ repetend. quamdiu perstet vomitus.
Hirudines xij brachio.

Vesp.—Vomiting continues; pulse 96, full, but compressible.

℞ Calomel. grs. v. Opii gr. i.

On the 23d the condition of the arm was more alarming. The lips of the lancet-wound were apart, and gave issue to a sero-purulent discharge, which continually oozed out; the whole fore-arm was extremely swollen; red lines passed upwards and downwards from the puncture, in the course of the cephalic, the median-cephalic, and median veins; the fore-arm was tender to the touch, and so was the arm itself as high as the deltoid muscle. Pulse about 96; no pain whatever in the chest, but cough on a full inspiration; no enlargement of the axillary glands.

Mr. Rose was requested to-day to see the case, and immediately made a free incision into the cavity of the vein, en-

larging, as it were, the original puncture, and giving issue to a mixture of serum, pus, and blood. The coats of the vessel were found to be extremely thickened. The pain was relieved by the opening which was made, and the tenderness of the arm on pressure was diminished.

Vespere, 9 o'clock.—During the afternoon there was a free discharge of blood, and on making pressure on the cephalic vein, from the shoulder downwards, puriform matter oozes from the wound. Pressure towards the acromion scapulæ, as well as on the edge of the axilla, causes pain, though no enlargement is perceptible.

℞ Hydrarg. Submur. grs. v. horâ somni, et post horas tres, si vigil sit.

24th.—A second hæmorrhage from the arm, more copious than the first, occurred during the night, and was stopped by pressure. The arm is greatly swollen, but not preternaturally red; the whole body puffed and bloated, and its surface of a yellow bilious hue; the pulse innumerably rapid, weak, and small; the senses wandering; the countenance cadaverous, and expressive of intense anxiety. He answers hurriedly to questions, that he has no pain at all in any part; no dyspnœa; little cough. At 6 P.M. he died.

Sectio Cadaveris.—In the right side of the thorax, there was about a pint of discoloured serum, and extensive, though not very recent, adhesions of the pleuræ. In the left cavity, the same appearances were noticed in a less degree. The lower lobes of both the lungs were fleshy and consolidated, but the right was decidedly more so than the left. The mucous membrane of the bronchi and trachea was injected, and the pericardium contained more water than it should do. There was a general disposition to fluidity in the blood, and the lining of the left ventricle, as well as the internal coat of the thoracic and abdominal aorta, were stained of a cherry tint, which was evidently owing to transudation.

The liver was enlarged, the gall-bladder filled with bile, which required an unusual amount of pressure to force it through the cystic and choledoch ducts into the cavity of the duodenum. Both the kidneys were in a slight degree enlarged, and so highly congested, both in the cortical and medullary portions, as to resemble the spleen in colour.

On examining the arm, a reddish line was still observed, extending from the puncture down the fore-arm to the outside of the thumb. The cutaneous veins of the other arm were likewise marked by a discoloured streak, but the tint was different, and had more obviously the appearance, in the latter case, of a cadaveric stain. On removing the integuments, and exposing the superficial vessels, it was found that the median cephalic, in which the puncture had been made, was greatly thickened in its coats; as was the cephalic trunk, as high as the insertion of the deltoid. On laying open its interior, the cephalic presented, on its inner coat, the marks of inflammation, to within two inches and a half of its junction with the axillary; above which point, no appearance of disease could be discovered. Very little pus existed in the veins, having probably been washed away by the hæmorrhage which occurred on the night before the patient's death. The cephalic trunk, *below* the spot where the median cephalic joined it, was inflamed on its inner surface, and its cavity, in one part, plugged up by coagulable lymph. This part of the vein was comparatively little thickened. No adhesions had been formed between the coats *above* the puncture, so that there was left a free and unobstructed channel for the escape of the blood from the axillary trunk.

The median basilic was thickened and inflamed, and the basilica itself, for a little distance up the arm, shewed traces (fewer and feebler, indeed,) of the inflammatory action. The cellular membrane around the brachial vessels was injected, but the vessels themselves were sound.

The different ramifications of the median vein were involved, though slightly, in the general inflammation.

There are several circumstances in the case deserving of remark. In the first place, it may be noticed how rapidly the symptoms of prostration and depression supervened; a characteristic feature of inflammation of the coats of veins. The thoracic inflammation, particularly on the right side, where it was most acute, we must suppose to be in part a sequence of the affection of the vein, as, in the generality of cases of phlebitis, after venæsection, it has been found to have occurred. A patient was admitted into the hospital last year, who had swallowed oxalic acid, and he had nearly recovered from the effects of

the poison when he was ordered to be bled. Inflammation of the vein (the median cephalic) supervened, and the patient died. On dissection, the cephalic vein was filled with pus and lymph, and marks of the most intense pleuritic inflammation were discovered in the side of the chest corresponding to the arm he had been bled in. In two of the cases recorded by Mr. Hodgson, the same appearance was observed; and in the instance of phlebitis of the thigh, reported in our last, the pleuræ were inflamed, and abscesses forming in the lungs.

Is it not a little singular, that whilst pathology demonstrates the pre-existence of the highest inflammatory action, the symptoms should have been such as *apparently* to contra-indicate depletion? Are the symptoms, then, fallacious, or is there something in phlebitis different from the rest of the phlegmasiæ? It is a most important question, both in principle and practice; and we have neither the wish nor the power to moot it. In the early stage of the disease, we should certainly imagine that more energetic depletion might be had recourse to than is generally the case.

The disposition to fluidity in the blood, and staining of the vessels, is a curious, but not uncommon, post-mortem appearance in phlebitis.

RICHMOND HOSPITAL, DUBLIN.

Two depressed Fractures of the Skull—Luxation of the Os Femoris—Recovery.

James Conroy, aged 11, was carried to the Richmond Hospital on the 29th of May, at 7 P.M. Upon examination he was found to have two depressed fractures of the cranium; one situated in the frontal bone above the right eye, the other in the upper and anterior portion of the left parietal bone. The right os femoris was luxated on the dorsum of the ilium; and to this part he referred all his pain, though there were severe bruises in various parts of his body. No sickness; pulse 45; quite clear in his intellects. He was admitted under the care of Mr. M'Dowell.

The patient stated that he and his brother were that morning, about 10 o'clock, amusing themselves, in search of sea-birds' nests, among the cliffs of Lambay. While hanging from a piece of projecting rock, at the height of some hundred feet above the shore, he lost his hold, and was pitched obliquely from one projecting point of rock to another, till he reached the bottom. He was not stunned: he got on his legs, and washed the blood from his head with sea-water; but after attempting to walk a little, he fell, unable to proceed. The water-guard, stationed at Rush, perceived the fall, and came speedily to his assistance. They conveyed him to Malahide, where his wounds were dressed by a surgeon, who advised him to be carried into town, without delay, to the Richmond.

11 o'clock P.M.—Since his admission he has dosed a little. Pain of the hip severe; some pain in the head; pulse 80: no sickness; bled to ℥x. The head kept moist with cold lotions; fomentations applied to the hip.

May 30.—Slept a little during the night. By the application of the pulleys, the dislocation of the femur was reduced; after which he felt himself greatly relieved, and fell asleep. Some pain in the head. Ordered a bolus of calomel and jalap; 12 leeches to the temples; and infusion of roses, with sulphate of magnesia, every 4th hour.

31st.—Three motions. Restless during the night—raved. Tongue furred and white. Thirst; some vomiting; pulse 108. Twelve more leeches to the forehead, and effervescing draughts every 4th hour.

June 1st.—Complains of great pain in the hip. Tongue white; pulse 114. Passed a restless night. V. S. ad ℥viij.

2d.—Slept well last night. One motion; pulse 94; tongue loaded; great tenderness of the scalp. Ordered eight leeches to the head; two pills of calomel, and cathartic extract.

5th.—Continues to rest well. Bowels free; pulse 106. Eight leeches to the forehead.

10th.—Pulse 106. Considerable tenderness of the scalp on the left side below the injury. Hirud. viij. p. d.

12th.—Pulse 96, jerking; bowels rather free.

20th.—Since the last report the patient has been gradually improving; and is now able to walk in the garden of the hospital every day.

ST. THOMAS'S HOSPITAL.

Helminthia Spuria *cured by Injection of Ol. Terebenthinæ.*

June 19th, Abraham Mantile, æt. 35,

admitted under the care of Dr. Elliotson. Has, for six years, occasionally found small reddish worms in his stools, and sometimes they have even crawled from him; has, during the above period, had more or less of his present symptoms—viz. itching at the anus, gnawing pain at the pit of the stomach, (increased by abstinence, and relieved by a full meal,) a considerable, though not ravenous, appetite, and frequent head-ache; he has also become much emaciated. He had not seen any worms for ten or twelve days. He was ordered to have this injection daily:.

℞ Ol. Tereb. ℥ij.
Decoct. Avenæ, q. s. ut fiat Œnema.

20th.—The clyster brought away a copious dark-coloured, semifluid, and clayey stool, which contained no worms.

21st.—No worms yet; gastrodynia and head-ache relieved.

24th.—Has had an injection every day, but no worms have appeared; all the symptoms much less.

26th.—So much better, that he was discharged this day.

This case, on the first perusal, may appear trivial; yet it appears to the writer that several important conclusions may be drawn from it. The patient had, for a long time, been subject to ascarides, and to all the symptoms which usually attend them; these symptoms he had when admitted, and it was, therefore, concluded that the rectum was still infested by these troublesome guests. A vermifuge was so given as to act directly on the part in which they were supposed to be lodged, with the intention of removing them: under the daily use of this, as it is generally considered a purely local remedy, not a single worm was brought away, and yet all the symptoms, direct or sympathetic, vanished, and the patient was cured.

From these facts, may we not conclude that there is a state of the intestinal canal favouring, or perhaps causing, the production of worms?—that the various symptoms of itching of nose or anus, gastrodinia, inordinate appetite, head-ache, and emaciation, which are usually considered as the effects of the presence of the animalcula, are indications of the derangement which produces them; and that the remedies which relieve the symptoms, and cause the worms to be evacuated, do, in reality, operate only remotely on the latter, by bringing the intestinal canal into such a state as is inconsistent with their existence?

Whatever may be thought of these opinions, the case unquestionably proves that a disease *resembling* helminthia may be cured by a vermifuge; and it makes it probable that many anomalous cases of dyspepsia, accompanied by symptoms which we usually find with worms, may be cured by the remedy used so successfully in the above case.

Excrescence from one of the Semilunar Valves of the Aorta.

This was found in the heart of an old man, who was brought into the Hospital to be cured of ague. He had not a single symptom of any cardiac affection, nor of any derangement of the respiratory apparatus, until the day of his death, when he was seized with difficulty of breathing, and died in about twelve hours. The bronchial passages were filled with frothy mucus, to a degree quite sufficient to cause death, without any other disease.

The excrescence was about the size of a split chesnut: it was of a greyish green colour, appeared composed of small globular granules, and had a feel resembling that of caoutchouc: it was rather easily lacerated. It had a flattened base, of the same colour, but of a closer texture. Immediately behind the excrescence, and therefore under the valve, was a considerable cavity, which had precisely the same dimensions as the base of the former. This cavity appeared to be a dilatation of that which naturally exists behind the valve, and had no communication with the ventricle. There was a very minute body adherent to the next valve, which a little resembled the larger one in its texture.

GUY'S HOSPITAL.

Removal of a Tumor from the Axilla.

A steatomatous tumor was removed by Mr. Callaway, on Tuesday, July 1st, from the axilla of a woman, aged 30. The tumor had first been discovered 10 or 11 years before, and was then of very small size: it had increased gradually until a few weeks before her admission, when in a short time it acquired a great accession of magnitude, and became softer.

Five days before the operation it had

the following character:—It was the size of a large fist; was broader at its base than any other part, and tapered off towards the point, which was rounded. It had this shape, however, only when the arm was on a level with the shoulder, for when it was raised above the head the tumor became nearly globular. It felt very soft, resembling a bladder half filled with oil; but on placing the finger and thumb on each side of the base, and drawing them forwards, a harder central part was felt, apparently granulated.

Operation.—Two curved incisions were made, having their concavities turned to each other, and meeting at their extremities, so as to inclose a portion of integument four or five inches long, and one and a half wide, in the broadest part. The mass was then dissected with great neatness and precision from the integuments, and the surrounding cellular membrane, being easily separated, except at the posterior part, where it adhered firmly to the latissimus dorsi. It was found to be composed of a great number of cysts, enclosing a soft fatty matter; the cysts were of all sizes, from that of a bean to that of a pullet's egg, and were connected together by loose cellular membrane. The whole mass removed might weigh nine or ten ounces. The sides of the wound were brought together by strapping, and covered with a small compress and roller.

EXTRACTS FROM JOURNALS,
Foreign and Domestic.

METHOD OF TREATING THE RANULA.

M. Dupuytren observes, that in this disease there are two indications to fulfil; the first is to give issue to the fluid contained within the tumor, and the second is to prevent the occlusion of the opening, and, consequently, a return of the disease. Since neither a simple incision, caustic, nor excision, will succeed in these cases, M. Dupuytren has invented a little instrument, to be placed within the cyst as soon as it is opened, which consists of a small hollow cylinder of silver, through which the fluid is discharged; this cylinder is four lines long and two broad, and is terminated at each extremity by an oval plate, slightly concave on its outer side, and convex on the side by which it adheres to the cylinder. One of these little plates is inserted in the cavity of the tumor, and the other is within the mouth; this instrument is, therefore, similar in shape to the two-headed buttons sometimes used to fasten shirt sleeves. Subsequent experience has induced M. Dupuytren to vary the shape of the instrument a little. The cylinder is now made solid instead of hollow, which is found to permit the escape of the viscid discharge much better, and is not liable to be obstructed by particles of food. The edge of the outer plate (that in the mouth) being found to interfere with the under surface of the tongue, it was made smaller, and the shape changed from round to elliptic, and the edge was bent back. This instrument may be made of gold, silver, or platina; the latter metal is to be preferred. M. Dupuytren details six cases in which this plan had perfectly succeeded in preventing any return of the tumor.—*Archives Générales.*

SUPERFŒTATION.

This, which has so long been an object of dispute, has now been cleared up in a most incontestible manner. An instance is related by M. Castes, in which a mare having been successively covered by a stallion and a jackass, gave birth to two individuals, each of a different race.—*Journal of Veterinary Medicine.*

SINGULAR LESION OF THE SPLEEN.

Dr. Westman relates the case of a young woman, 28 years of age, whose menses were suppressed in consequence of impeded perspiration. A short time afterwards she experienced colics, and an enlargement of the abdomen. This was followed by hæmorrhage from all the openings of the body. This ceased, but then a hardness began to be felt in the left side; and afterwards, the abdomen was distended by an effusion of serum into its cavity The menses, after having re-appeared, became a second time suppressed; and a return of hæmorrhage, but much more violent, ensued, which terminated the patient's life. On opening the body, the liver was found in a state of atrophy, whilst the spleen had become very large; this viscus, reduced to a gelatinous mass, inclosed three bony connexions, one of which was two inches and six lines in length.—*Journal Comp.*

WHITE SPECIES OF IPECACUANHA.

A quantity of this root has lately been imported from Rio Janeiro, and analyzed by M. Vauquelin. It appears to contain the same principles as the common species, but the quantity of emetine is not above one half. This fact is necessary to be known in prescribing it medicinally.—*Journal de Pharmacie.*

OBLITERATION OF THE AORTA AT THE FOURTH DORSAL VERTEBRA.

Professor Meckel relates, that in the month of January, during a very cold wind, a countryman, 35 years of age, robust, and who had constantly enjoyed good health, was suddenly seized with weakness whilst carrying a load to the market at Berne: not being able to proceed, he was conveyed to the hospital: in a few hours this state of syncope disappeared, but it was followed by vertigo, that lasted for several days. An affection of the stomach succeeded, with pain in the chest; total loss of appetite, and frequent bilious evacuations; but there was no irregularity of the pulse, nor other prominent symptom. On the 16th day the patient appeared perfectly cured; he got up about the middle of the day, went towards the fire, and dropped down dead. On opening the chest, the pericardium was observed to be full of black blood, from a rupture of the right auricle, which was at the same time somewhat thicker and softer than natural. The great dilatation of the ascending aorta forbade the passing in an injection that way, as had been proposed; therefore, the left subclavian and carotid were tied, to prevent the reflux of the fluid, and the pipe was inserted in the innominata. The injection was believed to have failed; and the subject, which had been intended for demonstration, was put aside; but, on opening the abdomen, the vessels were found to be filled, and the lower extremities were also injected towards the feet. In pursuing his researches, the professor found the aorta contracted immediately below the arterial ligament. In this point, the diameter of the vessel was scarcely that of a common straw. At the same time, a beautiful net work of arteries was seen between the arch, and the posterior branches of the descending pectoral aorta.

VETERINARY MEDICAL SOCIETY.

At the meeting of this Society, held at Mr. Youatt's Veterinary Theatre, in Nassau St. on Wednesday, June 25th, no fewer than seventeen new members were admitted, consisting of nine respectable practitioners residing in the metropolis and its environs, and eight from distant parts of the country; and who were anxious to be enrolled with those who, free from party spirit, were honestly devoted to the pursuit of truth, and the improvement of the veterinary art.

While the objects of this Society are what its members affirm, and we believe—science, mutual improvement, and friendly intercourse—we heartily wish them success. It is an institution much wanted in the present state of veterinary knowledge, and we trust that we shall have some valuable reports to give of their proceedings.

LITERARY ANNOUNCEMENT.

We are enabled to state, that an entirely new Catalogue of the Library of the Medical Society of London is preparing for the press by Mr. Field, the Registrar of the Society. This gentleman has for some months been assiduously engaged in the examination and collation of all the works of this valuable Library, which contains about 20,000 volumes; the publication of the Catalogue will be most acceptable to the members of the society, and to the medical public in general.

BOOKS RECEIVED FOR REVIEW.

Castle's Lexicon Pharmaceuticum, or Pharmaceutical Dictionary. Second Edition. 1828.

E. Cox and Son's Catalogue of Second-hand and Scarce Medical Books. 1828.

NOTICES.

We are obliged by the note of "A Young Practitioner," but it is not of sufficient importance for publication.

"Amator Veritatis" is inadmissible. We cannot notice the Lancet except on particular occasions.

Dr. Paul's paper in our next, if possible. We shall be happy to hear from him again.

"A Friend to good Surgery" must, we think, be satisfied that the notice taken of the case he alludes to is sufficient: a hint is often better than a direct statement.

"M. D." must excuse our not inserting his last letter: the controversy seems to us to have gone far enough already.

"E." a *little modified*, in our next. The H. R. will be very acceptable.

W. Wilson, Printer, 57, Skinner-Street, London.

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ESSAYS ON SYPHILIS.

By John Bacot,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 102.]

In my last essay I adduced some proofs, in my opinion quite conclusive, that the venereal disease had been noticed in Europe at least ten years before the return of Columbus from the discovery of America; that it had then begun to excite serious uneasiness, on account both of its virulence and novelty, the former being sufficiently evinced by the death of several eminent persons in consequence; among whom may be reckoned Francis the 1st, Henry the 3rd of France, and the Duke of Modena; the latter by the numerous and conflicting explanations of its origin, and the causes of its invasion at that particular period. A much more difficult task, however, awaits me in endeavouring to point out the real source of the infection; it is, in fact, a Gordian knot, which not being able to untie, I must endeavour to cut; first observing, however, that I am not the only medical writer who has been glad to escape from this dilemma by the same short route. I will, therefore, mention to you a few of the opinions that have been held from time to time on this point. Sydenham supposes the venereal disease to be a native of Africa, and that it does not in reality differ essentially from the yaws: others, believing that it has been known in Hindostan from time immemorial under a name implying its origin from Persia, are of opinion that it is an Asiatic distemper; though there are not wanting authorities who deny this assumption, and affirm that it was conveyed to the East Indies from Europe by the Portuguese. Sprengel, who has bestowed much pains and displayed great learning in this research, is inclined to think that syphilis is a product formed from the combination of elephantiasis with the plague that ravaged Europe in the 15th century; whilst Swediaur, in direct contradiction to the tenor of his previous arguments, ends by suggesting, that perhaps syphilis may have travelled all round the globe; that it may have been nearly extinct in one country whilst raging in another, and that such as it was when it began to spread itself in Europe in the 15th century, it had infected humanity several thousand years before in Persia, in Thibet, and Hindostan; in short, the only point he seems to contend stoutly for is, that it was not brought from America to Europe. Now it is not unfair, I think, to presume, that when four or five different explanations of the same event are given, that nothing in reality is known about the matter—a remark that appears to be peculiarly applicable to this research: all we can truly assert, is the improbability, or rather the impossibility, of its having been derived from America, because that is contradicted by dates and historical facts, which cannot be perverted at pleasure; and the probability of its having been first noticed among the Spaniards, and carried by them into the more southern parts of Europe. I shall not pursue this fruitless search any farther, but proceed to acquaint you with some of the theories of the first writers, as to the causes of its invasion, and then describe the symptoms from the writings of eye-witnesses, and more espe-

chiefly from the accounts of those who experienced its attacks in their own persons: but here again we shall find ourselves involved in a labyrinth of contradictions and absurdities, especially when I come to relate the different modes in which the disease was communicable, according to the testimonies of former ages. In laying before you this evidence, the great difficulty I have to encounter is the selecting from among such a crowd of authors; but, of the earliest writers, (those who published between the years 1498 and 1508) I have quoted chiefly such as either from situation or acquirements are most particularly deserving of attention, or those who detail only what they themselves have seen, or experienced in their own persons. The first remarkable circumstance that strikes us in this research is, that the most ancient writers, such as Peter Maynardus, Marcellus Cumanus, Grunpeck, and others, with one consent ascribe the disease to the malignant influence of the planets; and they go so far as to assert that its approach was predicted at least twenty years previous to the date of their labours; and here, if my object were only to amuse, I might quote such a mass of absurd jargon, such deep and unintelligible astrological learning, that one is at a loss which to admire most, the folly of those who wrote it, or the infatuation of those who read, and believed in its truth. The first author who sought for a rational explanation of the phenomena was Nicolas Leonicenus, who published his treatise in June 1497: in this work he ascribes the invasion of the morbus gallicus to the inundations which had deluged Italy about that time, and though after him each new writer starts some fresh theory, we hear but little of the dreams of astrologers.

It has been asserted by many modern authors, who echo the stories told by their ancestors, that the mode in which the venereal disease was communicated then differed very materially from that which is now solely recognized: we are informed, that at first, it was so contagious as to be caught by means of the clothes, by touching an infected person, by a kiss, or by even breathing the same atmosphere; and yet if the original authorities are consulted, it will appear that this belief was not held in the first instance; for Marcellus Cumanus, who wrote in 1495, declares, that when he was encamped with the Venetian army at Novarro, (which John Howard has mistaken for Navarre) he saw many of the squires and foot soldiers of the lords of Milan, who suffered with pustules on the face and over the whole body, commonly beginning under the prepuce, or upon it, or on the penis itself, at first appearing like millet seeds, and with a trifling itching. This author mentions buboes also, which indeed, under these circumstances, could hardly fail of being sometimes present. A very few years later Alexander Benedictus of Verona, in speaking of the dreadful nature of this infection, observes, "Muliebras partes pudendas infestare miserabiliter cœpit morbus gallicus, unde illud prostitutarum virus totum orbem infecit, tanta earum partium fœditate, ut quacunque blandiori venere proci facili arcerentur: videres fœminas ore venerem pulchritudine superantes, quæ suo fœdissimo amplexu, infinitos libidine intemperantes sera penetentia afflixere." It will scarcely be necessary for me to suggest to you how many motives may have contributed to foster the belief which soon after this time began to be spread abroad, that impure commerce between the sexes was *not* the only mode of taking the disease; but even Gaspar Torella, who was physician to Cæsar Borgia, and dedicated his first work on the Pudendagra to that prince, although he says that it was most commonly caught by contact, yet, as if afraid that he had admitted too much, adds, that it may possibly be acquired in other ways, such as from bad diet; but it is curious enough to perceive, that in the relation of his cases we find the modern legitimate way of taking the disease always recorded; for example, speaking of one of his patients, he says, "Rem habuerat cum muliere habente pudendagram;" of another, "per viam contagionis fuit infectus;" whilst a third acquires the disease by sleeping in the same bed with his afflicted brother. Thus, also, Montagna the younger, writing to the Cardinal Viceroy of Hungary, who was then labouring under the complaint, very cunningly declares it to proceed from an epidemic disposition of the atmosphere; but he adds, with great truth, that it always begins in the parts of generation. Alexander Benedictus also, who was present at the action at Foro Novo, where the combined forces

of the Venetians, and other Italian princes, were defeated by Charles the 8th, on his return to France from Italy, in the month of July 1495, distinctly says, this new disease arose in the parts of generation: his words are these: "on this account (the nervous structure of the penis) from the venereal congress, a new, or at least a disorder hitherto unknown to the physicians, called the French disease, was brought to us from the west, by the malignant influence of the planets, and broke out at the time these affairs were going on, &c." I quote this passage because Swediaur has affirmed that none of the early writers had the least notion that the parts of generation were concerned in the first invasion of the disease; and he mentions this very writer, Benedictus, as an authority to that effect. In the first years of the 16th century, Cataneous gives us, among the proximate causes of the disease, either coition, or sleeping a long time with, or drinking after a diseased person: and later in the same century, we find, that among the articles of accusation against Cardinal Wolsey, it was urged that he, being infected with the venereal disease, had whispered in the king's ear. In the succeeding century, however, the conviction of its being communicable by the commerce of the sexes alone, becomes nearly as well established as in the present day; so that we may, without much hesitation, attribute the belief of its epidemic qualities to have arisen either from the credulity of the times, or more probably, as an easy method of avoiding the scandal and disgrace that would necessarily have attached itself to the numerous dignified sufferers, many of whom were ecclesiastics of the highest rank.

I know that the possibility of the venereal disease having been communicable in various other modes has been a favourite opinion of some recent authors; and that they have urged, in support of this doctrine, the parallel instances of the yaws, the sibbins, and of a new disease which has lately appeared in Canada, an account of which was published by Dr. Bowman: but it seems to me that none of these instances are at all in point; for in the first place the yaws has been described from the first as a contagious disease, in the common acceptation of the word; and it never has been believed, nor is it now thought, that connexion between the sexes is necessary for its production; it is only possible to be communicated once during the person's life, in all which particulars the sibbins and the Canadian disease agree with it; so that, in order to render this argument of any force, it should be shewn, either that the yaws and sibbins differ now from the descriptions formerly given of them, or that the venereal disease is still to be caught by conversation, touching the person or clothes, or breathing the infected atmosphere, as was formerly said to have been the case. I should not have thought it necessary to have bestowed so many words on a point which appears to me to be perfectly untenable, if it were not that in reading some modern treatises, the above arguments are insisted upon; and I would not have it supposed that I have overlooked them from ignorance, or because I conceived them incapable of being answered.

I now proceed to detail some of the leading symptoms of syphilis, as recorded by the most distinguished and eminent writers within the first forty years after its invasion, and I shall select them from the writings of Marcellus Cumanus, of Gaspar Torella, and John de Vigo: these authors describe the appearance of small pustules on the genitals, attended with some degree of itching, followed in a few days by violent pains in the arms, legs, and feet, attended with large pustules, or ulcers, and which were cured with difficulty, sometimes lasting a twelvemonth or more: the bones became affected with swellings, the hair fell off, the eyes were sometimes destroyed, as well as the nose; the mouth and throat were ulcerated, the uvula corroded; and, finally, the disease killed, rather by inducing some other complaint than by the mere force of the symptoms themselves; and when it had once become confirmed, a palliative cure only could be obtained. Thus it will be perceived, that excepting in the rapidity of the march of the disease, the principal features were the same in the early part of the sixteenth century as at this time; they are mitigated in severity, but in kind they remain unchanged. It is to be observed, that buboes are mentioned early in the course of this history, although it has been said that they were first noticed by Fracastorius, but that is scarcely worthy of a refutation; since as

long as ulcers on the genitals have been known, so long must inflammation and suppuration of the inguinal glands have sometimes followed as a consequence. The same assertion respecting a gonorrhœa has been also made by Howard and others, but it is a mere inaccuracy, for this symptom is distinctly mentioned by Alexander Benedictus, who wrote about the year 1497, as well as by Jacob a Bethincourt, in 1527; and therefore there can be no pretence for saying that Fallopius was the first who included this among the number of venereal symptoms. I have, already observed, in my former essay, that the use of mercury in the cure of many cutaneous affections was known to the Arabians, and brought into notice in Europe by Theodoric, in the 12th century; and as applicable to the cure of syphilis, it is to be found among the modes of cure recommended by Grunbeck, in 1496, in conjunction with bleeding, purging, &c.: his receipt for mercurial ointment contains, indeed, a great many extraneous ingredients, with about one-sixteenth part of quicksilver; yet it is to be observed that the employment of such remedies was very generally condemned at that early period, and they were consequently almost exclusively employed by empirics or uneducated men; so that we find many medical writers warning the profession against their use, and trusting entirely to evacuations, baths, and various kinds of liniments: among these, Gaspar Torella is distinguished by the violence with which he opposes the mercurial inunction; however, he gives us several prescriptions of this kind, but adds, "supradicta unguenta, tanquam a peste fugienda sunt."

There can be no doubt that the want of skill of the practitioners of those days, their ignorance of the effects of mercury, of its accumulative powers, and of its occasionally capricious action, must have occasioned many untoward events; indeed, the mode of employing the remedy then in vogue, together with the belief that the venereal poison was expelled by the mouth, will sufficiently account for much of the mischief that ensued. We are told, for instance, that the patients are to be anointed between two fires, twice every day, from the upper arms down to the hams, and from the hips to the feet, until the mouth was made sore; then they were to be kept warm, whilst the flux from the mouth was continued. Hence it arose, that finding all common methods of cure unsuccessful, and taught by experience the baneful consequences of a rash employment of mercury, any new remedy that presented itself was seized upon eagerly. Such a remedy was announced to have been discovered in the West Indies, where it was called guaicum or huaicum wood; it was brought to Europe first in the year 1508, by Gonzalvo Ferrand, and got into very general notice a few years later, in consequence of its curing a great number of persons, and especially Ulrich Von Hutten, who published an account of his own case, which very much tended to extend the reputation of this remedy: it will not, however, a little derogate from the presumed virtues of this wood, when we find, that even this case was only palliated by its use, and that so far from being a pure case of syphilis, it is evidently one in which mercury had been injudiciously administered, and where the patient was suffering from a mixed distemper. This will be readily conceived when we learn that Hutten had actually undergone the mercurial treatment eleven times with only partial relief, and that he had been a sufferer from a disease, supposed to be venereal, from the age of nine years. No great length of time elapsed before it was discovered that many of those believed to have been cured by the decoction of guaicum, relapsed; this was of course attributed either to the wood itself being adulterated, or to some essential part of the process being neglected. Hence it became the fashion for those whose circumstances would admit of the expense of the voyage, to transport themselves to the West Indies, in order to undergo the Indian method of treatment. Mr. Pearson has given a very curious extract from M Louis's work, in which the method of cure practised in America is detailed: from this narrative we learn that two young Frenchmen of rank, who had in vain endeavoured to obtain a cure in Europe, were recommended to embark for St. Domingo. Upon their arrival the Viceroy's physicians advised them to remove to Puerto Rico, where the cure of the disease was usually undertaken by females. They were treated in the hut of a native in the following manner. She bruised, and cut with her teeth the

small branches of a young guaicum tree, and boiled them in an open vessel; they were made to drink a chopin of this decoction every morning, at two or three draughts; then they were ordered to walk out, to exercise themselves in fencing, or else they went to work in a gold mine, not far from the village, for the space of two hours; then, returning home covered with sweat, they changed their shirts, and dined, drinking only water. About 3 o'clock in the afternoon they drank the same quantity of guaicum decoction as in the morning, and performed the same exercise: thus, without any other remedy, they were perfectly cured in six weeks, without suffering any other inconvenience than a swelling and inflammation of the gums, of which they presently got well, after having been bled by pricking them in several places with a very sharp-pointed fish-bone. The nodes they had on their bones disappeared; all their nocturnal pains gave way in fifteen days; their appetites returned; and, in short, they went back to France quite well, and remained so ever after. Notwithstanding, however, these and many similar histories, there were not wanting men of great reputation, who contended that the guaicum could not be relied upon alone, and who still advocated the employment of mercury in all obstinate cases; and that this wood did not long maintain its pristine character, may be concluded from the introduction of other vegetable remedies, each of which was ushered into notice with the most unlimited and unqualified praises: the most extolled of these were the China root, and the sarsaparilla: the first of these roots, however, soon lost much of its reputation, for it was prescribed to the Emperor Charles 5th, but without effect; and in truth, as a single remedy, was soon superseded by the sarsaparilla, until at length it became the fashion to unite both these recently-imported articles with the guaicum; thus giving origin to the decoction of the woods, so famous in latter times; and which, among the changes of fortune to which medicines are subject, as well as every thing else, has again obtained a consideration nearly commensurate with that which it enjoyed even on its first introduction.

During the remaining portion of the 16th century, a great difference of opinion existed among medical men as to the respective merits of the mercurial and vegetable modes of treatment: names of the greatest reputation and authority are opposed to each other on this point: thus Fallopius condemns, in strong terms, the use of mercurial ointments, and mentions, among the consequences, excessive salivation, mania, tophi, vertigo, &c.; observing, that many preferred perishing rather than undergoing the mercurial discipline, under which relapses were frequent, and caries of the bones, in particular, one of the most usual consequences. This is very strong language, and it is the more to be remarked, because Fallopius was a man of no common ability, attainments, and character; he was as remarkable for the estimable qualities of candour and disinterestedness, as for the splendour of his talents; and, without question, he spoke his genuine and unbiassed sentiments when he extolled the cure by sarsaparilla, as the *via regia*, and condemned the mercurial treatment, as "omnium curationum acerbissima;" and so it undoubtedly was, according to the mode of administering it practised in that day. Ambrose Paré, on the contrary, who wrote not much later in the same century, takes quite a different view of the matter; he mentions four methods of curing the great pox, as usually recognized among practitioners: the first, by the decoction of guaicum, being not severe; but he observes that it is not able to do more than palliate, it cannot extinguish the virus of the disease. Mercury, which was the next method, was employed in four different ways—by inunction, by fumigation, by plaisters, and by pills: of these different modes, that by plaister was soon abandoned, whilst the internal exhibition of this mineral, but little employed until the close of the 16th century, then began to be pretty generally recommended, in conjunction with the external use of mercurial ointments, or liniments; and as emperors and kings will lead the fashion even in the introduction of new remedies, so it happened that the pills of Barbarossa obtained at this time great reputation, in consequence of their having been used by Francis the First, king of France.

[To be continued.]

PATHOLOGY OF THE BRAIN AND NERVOUS SYSTEM.

Abstract of the Croonian Lectures,

Delivered at the Royal College of Physicians,

By Dr. Francis Hawkins.

(Continued from page 106.)

Lecture III.—May 21, 1828.

It has been our object in the preceding lectures to collect the present state of our knowledge of the structure and uses of the brain and nerves, with the view to introduce and to assist our inquiries into the pathology of those organs.

We have seen that the medullary substance of the brain and spinal cord consists of fibres, similar to those of which nerves are composed, and arranged in such a manner as apparently to connect together the different parts of the grey or cineritious substance. It has been stated that the spinal cord is not only a medium for the transmission of nervous influence, but that it is also in itself a source of sensation, motion, and instinctive action. The medulla oblongata has been found to be the only part on which the preservation of animal life immediately depends. Ascending upwards, the tubercula quadrigemina, optic thalami, and corpora striata, are usually considered as parts of the cerebrum; but these, as Mr. Mayo has observed, ought more properly to be associated in anatomical description with the medulla oblongata, because the cerebrum is perfect without them, if we may judge from the analogy which its different parts bear to corresponding parts in the cerebellum; and because they continue the function of the medulla oblongata in giving origin to nerves. And thus, long ago, Willis assigned to the medulla oblongata all those parts which are situated below the corpus callosum.

The distinct and peculiar offices of the cerebrum and cerebellum, it must be confessed, are as yet unknown. Of the older physiologists, Willis supposed the cerebrum to be the source of sense and voluntary motion; and the cerebellum, that of the vital functions: whilst Haller's doctrine was just the contrary. But neither of these hypotheses is consistent with modern observations. Of the experimental physiologists of the present day, one has supposed the cerebellum to be the source of all the voluntary movements of the body; another, the regulator of them. But, although it has been shewn that the movements of the body are curiously affected by injuries of different parts of the cerebrum and cerebellum, yet no such general conclusion as those alluded to has hitherto been established: and that the cerebellum should be the source of motion seems further improbable, because we can trace no direct connexion between it and the anterior half of the spine. Other physiologists have imagined that it is the cerebrum which is the source of motion, and that from it are derived the anterior roots of the spinal nerves: the cerebellum, on the contrary, they suppose to be the source of sensibility, and that it is connected with the posterior roots of the nerves. This connexion can, indeed, be so far traced, that if the corpus restiforme, or inferior peduncle of the cerebellum, be divided and stripped downwards, it is found to carry with it the lateral furrow from which the posterior roots of the nerves arise; but that the cerebellum should be the exclusive source of sensibility, is improbable from this, as well as from other reasons, that it does not appear to be itself sensible to pain from mechanical injury.

With respect to the higher functions of the brain and nervous system, no one doubts, even in this age of free inquiry, that the cerebrum is engaged in producing the manifestations of mind. No pathologist can doubt the fact, for injuries of this organ alone produce a direct effect upon the faculties of the mind. The degree in which those faculties are affected by the destruction of particular parts of the brain, or by the interruption of their mutual connexions, and the physical changes which take place in the brain during the performance of intellectual operations, are legitimate subjects for inquiry, and may, perhaps, be greatly elucidated by the progress of anatomical knowledge.

But there is a further part of the process—the immediate connexion between the action of the instrument and the effects which it produces—the manner in which the brain and nerves form, as it were, a connecting link between a material and an immaterial world—this part of the functions of these organs is

placed beyond our observation. They differ in their uses from all other animal organs in one respect—that the means and the end do not appear to us to be the same in kind. What relation can we observe between a vibration, oscillation, transmission of galvanic influence, or any other organic change whatever, and a sensation or a thought? Nor is it probable that we ever shall be able to trace the relation between them; for by which of our senses should it be cognizable? We can but call consciousness to our aid, and consciousness cannot observe upon others; and in ourselves we never can embrace and comprehend the whole of the process in question.

In pursuance, however, of our inquiries respecting the nature of the instrument itself, it may be observed, that since we have seen reason to believe that the white matter of the brain is altogether occupied in forming media of communication betwixt its different parts, it follows that there is a strong probability in favour of the supposition that in the grey matter all its functions originate. Nor does it greatly militate against this supposition that it is contrary to common opinion, in which it is usually assumed that the medullary must be the more perfect part; for on what is that opinion founded? On imagination only, and not on pathological or physiological observations. But if the cineritious substance be, in a *physiological* sense, the more important part, as originating the functions of the brain; in a *pathological* sense, the central medullary part may still be considered as the most important. Of so much consequence is it to understand the order and connexions of the internal fibres which form the media of communication.

"Tantum *series juncturaque* pollet;
Tantum de *medio* sumptis accedit honoris."

Doctors Gall and Spurzheim suppose that the use of the cineritious substance is to secrete the medullary part; but Professor Tiedemann has shewn this to be incorrect, because in the fœtus the medullary part of the spine is distinctly visible before the cortical: he limits the use of the cortex to the conveyance of arterial blood for the support of the medulla. It has been before mentioned, that Willis supposed the animal spirits to be secreted by the cortical part, and distributed by the medulla; and he rested this hypothesis partly on the greater vascularity of the cortex.

Dr. Abercrombie has noticed a pathological distinction, which, if it be confirmed by further observation, will prove to be of some importance. It is that suppuration takes place chiefly in the darker or cortical parts, and that inflammation of the central white matter terminates chiefly by ramollissement. One cause of this difference may be, that the grey matter is more vascular than the other.

If, however, the supposition of the important nature of the grey matter be well founded, the number and depth of the convolutions of the brain, which differ greatly in different individuals, must probably affect also the character of the mind, which energizes them. In various animals it has been supposed that a correspondence may be traced between their moral endowments and the number and depth of the convolutions or laminæ of the cerebrum or cerebellum: and the extensive inquiries of Professor Tiedemann into the comparative anatomy of the brain, have confirmed the notion that the adult human brain is distinguished from that of all animals by the size and elevation of its hemispheres, as well as by the greater number of its convolutions. The same doctrine was long ago maintained by Willis, who called the convolutions "the store-house of images." M. Magendie has also strongly supported the doctrine that there is a correspondence between the number of the convolutions and the state of the intellectual faculties.

Considerations such as these attach real importance to a theory discussed, perhaps, more often in jest than earnest, and treated rather as an amusement than as an employment for our serious hours; but which, nevertheless, has taken such hold of the public mind, as to have passed almost into popular language—the theory, I mean, of Gall and Spurzheim. The weakest part of their system appears to be this—their main position—that the size of an organ may be taken as an indication of its power and capacity, is not altogether supported by facts. The perfection of the organs of sense, for example, either when considered with respect to the different species of animals, or to different individuals of the same species, by no means depends upon their relative size,

but rather upon the nature and fineness of their organization; and many exceptions are brought forward against the application of the principle of relative size to the parts of the brain itself. In other parts of their system the craniologists are strong, especially in the doctrine that the exercise of an organ favours and increases its development; for this, no doubt, is physically true: and it holds likewise throughout the moral world, and the expansion and application of this principle forms the characteristic excellence of the Aristotelian Ethics. Some general correspondence may surely be expected between the agent and the instrument; and since the mind, which forms one conscious individual whole, consists, nevertheless, of different faculties, which are capable of being separately lost or retained, the brain may be expected to be somewhat similar in its nature. We have seen that such universal connexions are established between all its parts, as may be supposed to produce their mutual co-operation, and to preserve the individuality of the organ; and, on the other hand, it is not improbable that its different parts may be engaged in different offices. Whether their proper offices can be assigned to each, and whether the attempt to do so has in any case as yet succeeded, can only be decided by an appeal to facts. To the tribunal, therefore, of experience the question is now, by common consent, referred. Hitherto I have met with no impartial person who believes that the division of the powers and faculties of the mind adopted by the craniologists, or, as they choose rather to be styled, phrenologists, is at all a happy one; or that, with respect to the general question at issue, a sufficient number of facts has been brought forward on either side, to determine the question in one way or the other.

But whatever light an improved knowledge of natural structure may throw upon intellectual operations, it is clear that it is intimately connected with the pathology of disease. "Thus," says Mr. Mayo, "a new source of interest attaches to the morbid anatomy of the brain: an apoplectic effusion, an abscess, a partial change of structure in the brain, are to be viewed not only as producing a direct loss of cerebral substance, but as destroying additionally the connexion between other parts more or less remotely situated, to the interruption or impairment of their functions."

But it is to be recollected that *our* object is different from that of the professed physiologist. We require not a new source of interest to be attached to morbid anatomy: we are not engaged in pathological observations for the sake of physiology, but seek to make physiology bear upon the former, and both upon practice. Whilst the physiologist looks for a key to the uses of parts, in "an account of cases where, from disease or injury, different parts of the human brain have been destroyed, or their connexion interrupted," we seek to understand the meaning of symptoms, from a knowledge of the uses of parts. In this manner, upon these principles, we hope at length

"Cessantem nervis elidere morbum."

I shall proceed to instance some examples of cases in which a knowledge of the natural structure and uses of parts of the nervous system sheds light upon the pathology of disease.

It has been already mentioned that the degree in which the muscular nerve of the tongue is affected in apoplexy may be taken as an indication of the degree of danger; for it shews to what extent the medulla oblongata is implicated in the disease; and we learn from experiment that lateral pressure on the hemispheres of the cerebrum and cerebellum produces no sensible effect; but that compression of the medulla oblongata immediately produces stupor. I am aware that a more general explanation may be given of the point in question, for it may be said that those muscles which are naturally most subject to the will are most affected by diseases of the brain, and that it is for this reason that the muscles of the tongue afford a criterion of the severity of the cerebral affection. But when the paralysis of the muscles of the tongue is out of all proportion greater than that of other parts, or when the use of other muscles is recovered in more than a proportionate degree, it is fair to conclude that there must be some local and particular cause for the affection of the ninth pair of nerves; and that cause in apoplexy can be no other than injury of their origin, which is situated in the medulla oblongata, and threatens therefore the destruction of life.

The danger with which apoplexy is attended when the injury affects the medulla oblongata, is well illustrated by two preparations [which were then exhibited] presented to the College by Dr. Powell. Both were taken from the same patient. The first exhibits a portion of the base of the brain, where blood had been recently effused, by which the patient was destroyed. The other is an apoplectic cyst, of some standing, which was found in the *left* hemisphere of the brain. The patient from whom these two preparations were taken, was a lady, æt. 50, of an anxious disposition, and thin, spare habit of body. She was suddenly attacked with complete hemiplegia of the *right* side, but in less than a fortnight she had so far recovered as to resume the duties of her family. A second attack, six weeks afterwards, was attended with complete loss of power on both sides of the body, and proved fatal in about twelve hours. Dr. Powell observes, that the one preparation shews the cause of the first attack, and the other the cause of death; and he says that he has often found, where injury has taken place in this part of the brain, that, as in this case, the palsy has been general and complete.

There are certain symptoms which appear to be distinctly referable to affections of the par vagum. In his recent work on Hydrocephalus, Dr. Monro, of Edinburgh, has published an interesting account of a peculiar and very acute form of that disease, which he ascribes to irritation of the eighth pair of nerves, and consequent inflammation excited at their origin. "This rare form of disease," he observes, "is very sudden in its attack." —"It begins like the croup. The child awakes in the night, in a state of extreme agitation, and much flushed, and with a quick pulse; he is hoarse, and the sound of his voice when he inspires is similar to that in croup." Emetics relieve the breathing, and upon examining what has been rejected by vomiting, it is found to be undigested. Dr. Monro has added cases in illustration of the nature of this disease. In each of them the origins of the eighth pair of nerves were found to be affected with inflammation; and the symptoms which had attended them, as regards the alteration of voice, and interruption of the functions of the lungs and stomach, corresponded exactly with the phenomena which have been found to ensue upon irritation or division of the eighth pair of nerves in animals. In Dr. Monro's work, a minute parallel is drawn between the symptoms of this disorder and those which follow the artificial injury; and an accurate diagnosis is established between the former and those which belong to common croup. Against a disease so formidable in its nature, and so rapid in its progress, it is consolatory to learn that art has any power, and that it has sometimes appeared to be arrested by the use of calomel, leeches, blisters, and issues. It is mentioned that Professor Burns had previously described a similar train of symptoms, and had considered them as the effects produced by irritation of the fifth nerve during dentition, whence he supposed that a sympathetic affection of the par vagum was induced, through the mutual connexions of these nerves with the intercortal nerve. In a case related in Swan's Treatise on the Nervous System, in which the par vagum was found to be diseased about the middle of the neck, the prominent symptoms had been vomiting and extreme dyspnœa.

The pathological illustrations of the effects of disease, or injury of the fifth and seventh nerves, which Mr. C. Bell has published in his papers in the Philosophical Transactions, are well known to be highly interesting. But there is another part of the pathology of the fifth pair of nerves on which direct light has been thrown by the experiments of Magendie, which have been before alluded to, in which he found that division of these nerves produced an opacity of the cornea, and that destruction of the gasserian ganglion caused even ulceration of the eye. Mr. Mayo has published an account of an interesting case which occurred at the Middlesex Hospital, under the care of Dr. Macmichael; in which inflammation of the eye, and ulceration of the cornea, were combined with paralysis of the fifth nerve. In a case published by M. Serres, there was insensibility of one side of the face; and upon the same side, opacity of the cornea with adhesion of the iris. The mucous membrane of the tongue and gums was also diseased on the side which was insensible. The patient died, and upon examination, the sentient portion of the fifth nerve, to-

gether with the ganglion, was found to be discoloured and softened, whilst the muscular portion was unaffected.

As a further illustration of the same subject, Mr. Stanley has published an interesting account of the appearances post mortem in a case which had been under the care of Dr. P. M. Latham. The tuber annulare was found to be enlarged, especially on its left side, and in a direction to compress the fifth and seventh nerves against the basis of the skull. A section of the tuber annulare discovered within it a tumor, about the size of a walnut, occupying the whole of its left side, and extending into the left crus cerebelli. The consistence of the tumor was firm, its colour brown, and specks of blood were dispersed through its substance. The symptoms in this case had been hemiplegia of the *left* side; in the face sensation and motion were completely lost; in the arm and in the leg sensation remained. There had been frequent attacks of erysipelas in the face, confined to that side which was deprived of sensation and motion. In the left ear hearing was completely lost. In the left side of the tongue sensation was lost, but the power of motion was retained. Whilst in the right nostril the mucous membrane was pale, in the left nostril it was constantly of a deep red colour, and from it there were frequent discharges of blood. In the left eye the vessels, first of the conjunctiva, then of the deeper membranes, became inordinately distended with blood. Opacity and ulceration of the cornea soon followed, with the escape of the aqueous humor, and complete disorganization of the globe. Upon the subsidence of the delirium which preceded the hemiplegia, the intellect became clear, and remained so to the moment of death.

This case is interesting both in a physiological and pathological point of view. In the former, because it adds confirmation to the important distinctions made as to the offices of the fifth and seventh nerves. In the latter, because we here find disease producing the same effects as the experiment of dividing the fifth nerve; namely, inflammation and destruction of the eye. To the same cause may also be attributed the erysipelas and vascularity of the nostril of the paralysed side.

The cases are very numerous in which the situation of a tumor pressing upon the optic nerves has been indicated by the attack, either sudden, or more frequently gradual, of amaurosis.

Among the valuable "cases illustrative of the pathology of the brain," which Dr. Powell has published in the 5th vol. of the Medical Transactions, there is one from the notes of Dr. Warren, the subject of which, after having suffered for six or eight months from severe pain and tightness across the forehead, "was sensible of a sudden diminution of the sight of the right eye, and this defect increased until the power of vision on that side was completely lost. The sight of the left eye then became impaired in the same manner, and as the affection of this eye advanced, the other recovered a small power of vision; but in the progress of the disorder he became completely blind." It was remarkable that, from the operation of an emetic, "the power of vision was suddenly restored to the right eye, with the sensation as if a flash of lightning had taken place;" but this improvement did not last for more than an hour. The patient died of apoplexy, and the pituitary gland was found to be enlarged and converted into a pulpy substance, and to its upper part a tumor was attached of an oval form, and of the size of a hen's egg, containing a thick purulent fluid; it was situated under the middle lobe of the cerebrum, and interposed between the optic nerves, which were in consequence much separated from each other, and their fibres were seen to be expanded and almost destroyed.

Dr. Monro has related the case of a young man whose sight became suddenly impaired during a paroxysm of pain in the head, and in a few days he became blind. In the course of three weeks he died apoplectic, and a tumor was found filling up the third ventricle: it was composed of a cheesy, soft substance, of a yellow colour and tuberculated; it pressed upon the optic commissure, and on the termination of the tractus optici, which were flattened and broader than usual.

The gradual manner in which the sight is sometimes affected by tumors pressing upon the optic nerves, is well illustrated by the following case, with the notes of which I have been favoured by Dr. Seymour. A person, aged 55, was admitted into the Asylum for the Recovery of Health, Nov. 10, 1827,

with the following symptoms:—complete loss of power over the lower extremities, the sensation in which is greatly impaired; his urine and fæces are passed involuntarily; memory much impaired; his sight is very dim, so that he can scarcely see persons in his room; pupils of the eyes much contracted. His complaints commenced ten years ago with loss of power in the left ankle, gradually extending to the whole limb, then to the right limb. His sight has become impaired only within the last three years. He attributed his complaints to getting wet when under the influence of mercury. He was bled, and mercury employed, so as to affect the mouth, without any relief. He had long made use of every species of counter-irritant without benefit. In so hopeless a case the treatment was limited to the occasional use of laxative medicines. During the time he remained in the house, the urine passed involuntarily was highly offensive, from the superabundance of ammonia; and during the last three weeks of his life a very considerable quantity of purulent matter was discharged from the urethra. He died Feb. 3, 1828. The body was examined by Mr. Cæsar Hawkins, and the following is an account of the appearances which presented themselves:

The surfaces of the spinal marrow, and of the brain, were covered with fluid, effused between the arachnoid membrane and pia mater; which, being contained in cells, had a gelatinous, white appearance, although the fluid was aqueous in consistence. The vessels of the brain, but especially the veins, were tinged with blood. The ventricles contained about half an ounce of fluid; the theca vertebralis about an ounce and a half, which as usual had gravitated to the loins. The substance of the anterior extremity of the middle lobe of the left hemisphere of the brain, by the side of the sella turcica, was darker coloured, and softer than the rest of the brain, so as to be readily torn, while elsewhere the cerebral structure was unusually firm. This colour arose from a small aneurismal swelling on the carotid artery, just between the origin of the middle cerebral and communicating arteries. It was about the size of a large pea, or small nut, its coat being extremely delicate and transparent, except where a coagulum adhered to one side; the cavity had a free communication with the trunk of the artery. Its situation was at the side of the *commissura tracturam opticorum*, nearer to the tractus opticus of the left side, so that it might slightly have pressed on both those parts, but no change was perceptible in the structure of the nervous matter except in that part which has been mentioned. In the fourth ventricle, and on the surface of the anterior verniform process, was a substance within the pia mater, resembling the white secretion observed at the entrance of the veins of the brain into the longitudinal sinus, except that here it had a reddish brown appearance. The appearances observed in the bladder, kidneys, intestines, and thorax, may be omitted, as not relating to our present purpose.

[A very beautiful preparation, taken from the foregoing case, and a drawing illustrating it, were here handed round. Dr. Baillie remarks, that in the only two instances which have come to his knowledge of aneurisms being formed in the arteries of the head and brain, there has been an aneurism in both arteries in the same situation, and at the same time. The preparation before us proves that this is not a necessary circumstance.]

To determine, from the symptoms, the nature and degree of cerebral affections, and to ascertain what part of the cerebrum, or cerebellum, is the seat of disease, is, indeed, a difficult, but not a hopeless task. It appears, from numerous cases, that the situation of tumors within the cranium, and of inflammation or softening of part of the cerebral substance, may generally be learned from the pain which is felt immediately over it. The same affections occurring in either hemisphere of the *cerebrum*, produce, as is well known, paralysis of the *opposite* of the body, although, in the face, the paralysis is sometimes on the same side as the injury. But when these causes affect the *cerebellum*, or *crura cerebelli*, the paralysis produced in that case appears to occur always on the *same* side as the organic lesion.

M. Serres has stated, that disease of the membranes of the brain produces simple apoplexy, but that apoplexy combined with paralysis is the result of injury of the cerebral substance. This distinction does not appear to have been fully proved. Convulsions are

probably characteristic of inflammation of the membranes—especially of the arachnoid and pia mater. The distinctive signs of inflammation of the substance of the brain, and of ramollissement, are pain in the head, vomiting, paralysis, and, finally, coma.

Some of these points are illustrated by the following cases :—

An abscess, taken from the anterior part of the *left* hemisphere of the brain, is seen in a preparation (which was then exhibited) presented to the College by Dr. Powell. The first symptoms in this case were frequent short attacks of languor and tremor, preceded by a sense of some fœtid effluvium rising in the back part of the nose. There was afterwards, deep-seated pain in the head, occurring in paroxysms. This was succeeded by delirium and slight paralysis of the *left* side of the face, and the patient died in about seven weeks from the first attacks of tremor.

The situation of the abscess was, in this case, indicated by the pain in the forehead, and affection of the olfactory nerve. The paralysis of the face appears to have been on the same side as the injury of the brain.

The next preparation exhibits a cavity in the anterior part of the *left* hemisphere of the brain, containing blood. It was presented to the College by Dr. Latham, from Mr. M'Intyre, under whose care the patient had been placed. The symptoms were, in this case, severe head-ache, felt over the left eye-brow, which occurred about two months before his death; there was nausea, vomiting, and torpid bowels. As the pain in the head diminished, a degree of drowsiness came on, gradually increasing to perfect coma. The intellect was more affected than the speech. There was a discolouration of the surface of the brain over the cavity, but no injury could be discovered of the bone.

There was then exhibited a tumor on the crus cerebelli, with a hydrocephalic state of the right crus; presented to the College by Dr. Elliotson. The symptoms, in this case, were pain in the head and slight hemiplegia of the left side. It may be observed, that the tumor must have pressed upon both the crura cerebelli; so that this case can hardly be said to be opposed to the direction before laid down, as to the side of the body affected by injuries of the cerebellum. But what was chiefly remarkable, was the loss of the senses of sight, hearing, smelling, and taste; and, to a great degree, of general feeling. The mental faculties and general health were unimpaired. The functions of the senses were, at first, partially restored by great depletion, but were afterwards wholly destroyed, and delirium and death ensued.

The sixth of Dr. Powell's cases, in the Medical Transactions, was that of an old man labouring under a general convulsive affection of the left side. The right side of the body also, though not convulsed, was evidently weakened. His general health was in other respects good, and his intellectual powers perfect. He appeared to derive benefit from the administration of nitrate of silver, but was afterwards suddenly seized with hemiplegia of the *left* side, with loss of speech and stertorous breathing; and his pulse became preternaturally slow, full and hard. After this attack, the right hand and arm became constantly and tremulously convulsed, but not to so great a degree as the left had been. Copious blood-letting produced temporary benefit, but eventually he died in a comatose state.

Mr. Stanley examined the head, and found a general opacity of the tunica arachnoidea and pia mater, and much fluid effused into the cellular texture of the latter. There was effusion also into the ventricles, and at the base of the brain. In the anterior lobe of each hemisphere, the cerebral substance had been destroyed, as if by ulceration; but this appearance was more extensive in the *right* hemisphere than in the left.

In this case we observe, that inflammation of the membranes was attended with convulsions, and that effusion at the base of the brain was indicated by loss of speech; also, that hemiplegia occurred on the left side of the body, the greatest organic lesion being in the right hemisphere of the brain.

An accountant in a public office was attended by Dr. Seymour, in the month of February, 1826, after an apoplectic seizure. He had suffered for a fortnight previously, from pain in the head, affecting principally the *right* side, accompanied with great depression of spirits and nervous tremors. There was also a slight paralytic affection, chiefly of the *left* leg. After a few days, he died suddenly. His head was opened by Mr. Cæsar Hawkins, and, at the *ante-*

rior part of the *right* hemisphere of the brain, a tumor, approaching in texture to soft cartilage, was found in connexion with the corpus striatum of that side. It was of the size of a pigeon's egg, and vascular in the centre. It appeared to be of the nature of malignant tumor. Around it, to the extent of half an inch, the substance of the brain was softened to nearly the consistence of cream.

It is needless, however, to multiply cases, as it will probably be admitted that we have already some marks to guide our diagnosis; but that a better knowledge of natural structure, and a closer observation of symptoms, will assist us greatly to determine the nature and the situation of cerebral affections.

Should I have the honour to continue these lectures in the next and following years, I propose to lay before you the results of my inquiries into the pathology of the brain and nervous system, in the following order. Inflammation and organic diseases of the membranes of the brain and spinal cord, will be first considered: then will follow those of the cerebral substance; which will naturally be succeeded by ramollissement and hydrocephalus, acute and chronic. Our next subjects will be apoplexy and paralysis; then epilepsy, chorea, and, as far as our limits will permit, the other affections of nerves.

By pursuing such a course, it will be my wish and endeavour to contribute something to complete the history of these disorders. "Si morbi cujuslibet historiam diligenter perspectam haberem, par malo remedium nunquam non scirem adferre." Such was the boast of one whom practical skill had rendered, perhaps, too confident in his art! Had Sydenham been a morbid anatomist, he would not have expected a remedy for every organic ill. Is, then, the pathologist to retire from his task in despair? No; he will rather seek, with redoubled diligence, to trace the origin and the progress, as well as the terminations, of disease. It is not with vain and idle curiosity that he explores the parts which disease has occupied, in order that he may point out its boundaries with superfluous nicety, as in a map: but he examines, as it were, the strong holds of disease, in order that he may direct his remedies with precision and effect. Even where the ravages of a disorder will not admit of its cure, there still is room to hope that art may be so far enlightened by experience and observation, as to learn hereafter to prevent its occurrence, arrest its progress, or palliate its effects.

[To be continued.]

STRICTURES OF THE ORIFICE OF THE URETHRA.

Abstract of a Clinical Lecture.

By H. Earle, F.R.S.

There is a peculiar affection of the orifice of the urethra of very frequent occurrence, to which I am desirous of calling your attention, because there are no less than four cases at present in the hospital, illustrating, in a most satisfactory manner, the nature of this affection, and its injurious effect upon the whole urethra and genital organs.

I am the more desirous of directing your observation to these cases, because, though of frequent occurrence, they are not in general understood; and very often patients are tormented with the repeated introduction of instruments, and even of caustic bougies, for months together, without experiencing the slightest benefit, who might be relieved in a few moments by a simple and almost painless operation. This affection consists in a natural contraction, either immediately at the orifice of the urethra, behind which the canal is of its natural size, or the orifice may be of its proper size, and the contraction situated just within the opening immediately opposite the insertion of the frænum: this is by far the most frequent occurrence, and the one productive of most suffering to the patient. Occasionally, both these affections exist together in the same individual, in which case the mouth of the urethra will be much narrowed by the extension of the integument over it; on dividing which, and attempting to pass a good-sized instrument, it will be resisted at about one or two lines down the urethra. In other cases the urethra terminates short of the glans penis, and is nearly closed by the common integument. The effect of this contraction upon the whole urinary organs is most deleterious, causing all the symptoms and consequences of the worst strictures. Thus I have known it to induce stricture at the bulb or membranous part, succeeded by irritable bladder and disease of the prostate; at other times, as in the in-

stances now in the house, the latent irritation in the prostatic part of the urethra is accompanied by chronic affection of the testicles, in the form of sclerocele or hydrocele. In the course of the last winter I had many opportunities of pointing out this affection to those gentlemen who attended my practice.

So frequent a cause of serious disease of the bladder and testicles would not, it may be supposed, have escaped the observation of other surgeons in extensive practice, yet such appears to be the fact, for I hardly ever conversed with one who was apprized of its nature, nor have any authors I have read mentioned the subject, with the exception of Mr. Jesse Foot and Mr. Ramsden.

With myself the discovery was purely accidental: one day, many years ago, I was disturbed in the act of making water, pleno rivo, and I suddenly arrested the stream by forcibly compressing the extremity of the urethra. This caused so much uneasiness in the whole course of the canal, as to call my attention to the subject; and on repeating the experiment the following day, a similar result took place. On a little reflection, it was obvious that any permanent contraction at this part would operate as a stricture; and by causing painful distention behind it, would irritate the delicate membrane of the urethra, and induce spasmodic, or even permanent stricture, in other parts of the canal; and thus would lay the foundation for diseases of the prostate, testicle, and bladder. That such a contracted state of the extremity of the urethra frequently existed, I was perfectly aware, from the numerous cases of diseased urethræ which fell under my observation. My attention being once drawn to the subject, many cases occurred which tended to confirm my views; and many years' experience has convinced me that not only is this contraction a frequent cause of disease in the urinary canal and its appendages, but that when it exists it is far more productive of serious disease than when stricture occurs at any other part. On reflection, it is not difficult to explain, on rational principles, that which I have so often found to exist in practice. It is well known, when a calculus exists in the kidney or bladder, that one of the most frequent symptoms is a distressing burning and pain in the glans penis, and at the extremity of the urethra. Of this I have known many instances, but in none was it more marked than in the case of a naval officer I met with at Dover, about four years since, who consulted me in consequence of the most distressing irritation in the glans penis, which totally debarred him from entering into society. He had been treated with numerous bougies, and had been sounded for the stone, but no disease had been detected. I conceived that there was a calculus in his kidney, and on investigating his case further, this opinion was confirmed by the quantity of pus that passed with his urine. After protracted sufferings he died, and Mr. Sankey, of Dover, obtained permission to examine his body, and found a considerable sized calculus in the pelvis of the right kidney. I might easily multiply instances, both of disease in the kidney, bladder, and prostate, being accompanied with distressing pain and irritation in this part. The explanation I would offer is, that this is the part where the sentient extremities of the nerves terminate, and it is the part most highly endued with nerves. We know in the familiar instance of pain after amputation, in an extremity which no longer exists, when irritation is excited in the course of a nerve, that the percipient mind refers the sense of pain to the sentient extremity originally destined to receive impression. So, in the case of irritation at the neck of the bladder and prostate, is the pain and irritation referred to the sentient extremity of the nerves which are connected with these parts. If such be the case in diseases remote from this part, it is not unreasonable to expect, when any disease actually does exist in this very sensitive part, that the irritation should be reflected back, and that the membranous part of the urethra, prostate, bladder, and even the kidnies, should more or less participate in this affection, even to a greater extent than the mere mechanical opposition afforded at the mouth of the urethra would account for. Whether this explanation be considered satisfactory or not, the facts cannot be controverted; and they are so numerous, and of such frequent occurrence, that you will have abundant opportunities of confirming the opinions I have advanced.

In further confirmation of the intimate sympathy which exists between the orifice of the urethra and the whole

urinary organs, it may, however, be well to mention two cases which came under my observation, which bear strongly on this point. A gentleman consulted me some years ago, who had suffered much from gonorrhœa, which had terminated in abscesses in the mucous glands, near the orifice of the urethra, and left three considerable apertures on the under side of the urethra, exposing the mucous membrane of that canal. He was suffering greatly from spasmodic stricture of the urethra, and irritable bladder, accompanied with copious discharge: he had employed bougies for a long time, without any benefit; and his health was suffering from the continual irritation, and particularly from the pain at the extremity of the urethra. I laid the three apertures into one, and destroyed the exposed mucous membrane with caustic. All irritation speedily subsided, and he recovered without any other remedial means.

The next case occurred about two years since. A medical practitioner had a chancre near the freenum, which destroyed a considerable portion of the urethra, and left a small surface of the mucous membrane exposed. This was succeeded by a most irritable state of the urethra and bladder, which destroyed his comfort, and had nearly driven him from practising his profession. He was almost daily obliged to have recourse to the use of the catheter, which still further aggravated his complaints: he had been for a long time under the care of a most eminent surgeon, without experiencing any benefit. From the relief which had followed the destruction of the exposed mucous membrane in the last-mentioned case, I recommended a similar plan to be pursued, and, am happy to add, with an equally fortunate result. The irritation in the urethra and bladder entirely subsided, and he is now able to ride about on horseback without the least inconvenience.

When I first began to treat these cases, I used to divide the membrane at the orifice with a small scalpel or lancet, and to dilate the stricture opposite the frænum with a conical metallic bougie. I soon found that this was a very slow process, and productive of much suffering, and I next endeavoured to divide the stricture with a narrow knife. This, however, was often difficult to accomplish, and from the apprehension and involuntary motion of the patient there was a danger of dividing too much, or of not dividing the stricture sufficiently. To obviate all these difficulties, I constructed the very simple instrument which you have repeatedly seen me employ, and which divides at a single stroke to the full extent that it can ever be requisite. The pain which this causes is momentary, and not to be compared to the introduction of the wedge, or conical bougie. The hæmorrhage, unless there be much previous inflammation, is generally very trifling, and can always be restrained by the application of cold and pressure. When it has ceased to bleed, a very little lint, smeared with oil or ointment, should be introduced into the cut, to prevent the divided edges from healing by the first intention. A portion of a conical metallic bougie should be introduced once or twice a-day, to the extent of an inch, for several days, to maintain the passage until the surface of the divided edge has skinned over. The relief afforded by this operation is almost incredible: in some cases, where the urethra has been so irritable as to admit with difficulty the smallest bougies, I have been able, after three or four days, to introduce a full-sized instrument into the bladder. A very remarkable instance of this kind occurred lately in my private practice. An officer was sent up to London by his regimental surgeon, suffering from a most irritable bladder, and very obstinate strictures. With much difficulty a small catgut bougie had been passed about six inches down, where it was supposed the principal stricture existed, but no instrument had been passed on into the bladder. On examining him, I found this contracted state of the urethra opposite the frænum, which I at once divided, and in five days I was enabled to pass a large-sized (No. 13) metallic bougie into the bladder. All irritation speedily subsided, and in a few weeks my patient was perfectly cured. Very many similar cases, and others of obstinate gleets, of years standing, have been cured in a short time by this simple operation.

I have said that this affection is often an original malconformation of the part: this I believe will generally be found to be the case. You will naturally then ask, how it happens that a natural formation should be capable of inducing

such a train of ill, and why it does not occur at an earlier period of life? It is not difficult to meet this question in the majority of cases, as the inflammation and mischief are first sensibly produced by gonorrhœa, or venereal excesses; and when once excited, it is kept up by the contracted state, probably increased by the inflammation of the membrane lining it. But, in other cases, I have known a train of most distressing symptoms caused by this contraction alone, where there had been no gonorrhœal affection; and I have known such cases yield at once to the operation I have described. Several cases of irritable bladder in boys who have wetted their beds at night, I have cured by this plan: in some of these the urethra has terminated short of the glans, and has been nearly closed with integument: in these cases, all that is required is to slit up the integuments, and expose the urethra.

But it is time that I should say a few words respecting the cases which are at present under review. The patients I allude to are William Ford, æt. 38, in Powell's ward, who was admitted with great enlargement of both testicles, for which he had been under different medical men without benefit. On the third day after his admission, I divided the orifice of his urethra, which would only admit a very small bougie. After the operation I passed a large bougie, and found the urethra free from obstruction; no other treatment was pursued, and the swelling in both testicles has rapidly subsided. Some water collected in the tunica vaginalis of the right testicle, but this has gradually been removed, and he is now about to leave the hospital perfectly cured.

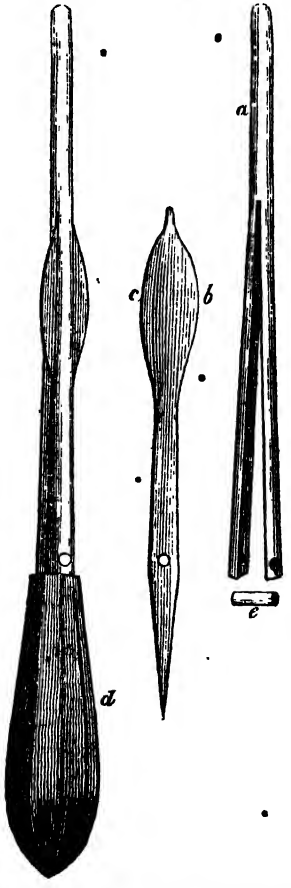
The next case is that of Richard Sewell, in Pitcairn's ward, who was admitted for chronic enlargement of both testicles, of long standing, with gleet and frequent micturition. In this case, the obstruction was caused by the cicatrix of an old chancre, which nearly closed the aperture. I divided this freely, and with the same happy result.

The third case is that of Charles Smith, in Lazarus ward, who was admitted with gonorrhœa, and with the whole glans penis and prepuce covered with verrucæ. As these proved very obstinate, and resisted the usual applications, and the orifice of his urethra was much contracted, I divided the stricture, and directed the part to be kept wet with cold water. The case is now going on most favourably, the running has ceased, and the warts are shrinking and falling off*.

The fourth case is in Baldwyn's ward: a man named R. Edwards, with enlargement of both testicles. The same treatment was pursued as in the former cases, and with equally happy consequences.

It is worthy of remark, that no other remedial means have been employed in these cases, which had previously resisted very active treatment. But I must not dwell longer on this subject, as I am anxious to call your attention to the case of cicatrix after burn, which was operated on last Saturday.

REPRESENTATION OF THE INSTRUMENT.



* The patient left the house soon after this, and attended as an out-patient: he is now perfectly restored.

(*a*) A narrow metallic bougie, with a slit to admit a lancet blade.
(*b*) Cutting edge of the lancet.
(*c*) Blunt edge of ditto.
(*d*) Handle of lancet.
(*e*) Pin to connect the lancet with the bougie.

COLLEGE OF PHYSICIANS AND DR. HARRISON.

To the Editor of the London Medical Gazette.

SIR,

THE recent trial between the College of Physicians and Dr. Harrison is an event of such general interest to the medical profession, that I entreat your permission to offer a few remarks on it. In the short notice of the subject which appeared in the last Number of the Gazette, you state, *that the question which Dr. Harrison professed it to be his intention to set at rest, remains—precisely where it did.*" My object in this letter, is to probe a little more closely this question, and to ascertain whether or no this trial (to which men's minds have been of late so strongly directed) has, in truth, led only to this most lame and impotent conclusion.

Dr. Harrison defies the powers of the College. The College accept his challenge. The trial takes place. Both parties are fully heard. Dr. Harrison gains the cause. This, to a man of plain common sense, sounds very like a settlement of the question. But it has been argued (by others as well as yourself), first, that the College put their cause badly, and, secondly, that Dr. Harrison's defence was a "mere subterfuge."—Let us examine these positions. 1. It is reasonable to presume that Sir James Scarlett and Mr. Brougham, who conducted the College cause, would bring forward the *strongest* of the cases that could be procured. Not the shadow of suspicion exists that they mismanaged the business. When the College of Physicians selected the case of Miss ——, on which to try the great question, they must have known whether or not it was a medical case. It was one of diseased spine, probably depending upon a general scrofulous taint; and if scrofula be not under the special care of physic, I do not know what disease is. I maintain then, Sir, most strongly, that the College made a perfectly good selection. It was a physician's case, to all intents and purposes; and the jury decided that, for practising in such a case, Dr. Harrison had not subjected himself to the penalties demanded by the College.

2. But it is urged that Dr. Harrison's defence was uncandid, and inconsistent with the tenor of his letters to the Censors. I cannot see that. His undertaking was simply to prove that the terms of the charter did not give to the College of Physicians power to prevent him from practising. He proved this by shewing the *vagueness* of the terms of the charter, which drew no line of distinction between medicine and surgery—which did not contemplate those distinctions in medical practice, which the necessities of modern times have given birth to—and which, therefore, is inapplicable to the present condition of the profession. This is what Dr. Harrison originally maintained—and, for proving it by the mere substitution of the word surgery for medicine, his defence is to be called a subterfuge! Supposing that, instead of a case of diseased spine, the College had selected a case of lenchorræa, or menorrhagia, on which to try the question—would it have been called a subterfuge if his defence had been that this was a case of midwifery, and that he was fully warranted in practising in such a case by the examples of Drs. Merriman and Herbert, neither of whom are members of the College? Supposing that it had been a case of ophthalmia, or of stricture of the œsophagus, or of ulcerated rectum, or of primary or secondary syphilis, or of white swelling, or of stone in the bladder, or of nodosity of the joints, or, lastly, of erysipelas, which is, perhaps, the fairest case of all—can it be gravely argued that Dr. Harrison's defence would have been uncandid, and a subterfuge, if he had urged that each and every one of these cases partook so largely of the nature of surgery, that the alledged powers of the College charter were inapplicable to them? Why, Sir, this is the very pith and marrow of the question. If I understand Dr. Harrison aright, his position is, that the College charter (which might or might not have been a good and useful thing in the reign of James I.) is not applicable to

the circumstances of the medical profession in the reign of King George the Fourth; and, therefore, that it is *inoperative* at the present time. To my mind, he has succeeded perfectly in proving that point. If the case be otherwise, the College will, of course, move for a new trial, on the ground that the case of Miss —— was, in truth, a physician's case (and who ought to know so well as themselves?), and the verdict, therefore, both contrary to evidence and the directions of the judge. If this be done, a new trial granted, and a second jury, of a different opinion from that which sat at Westminster yesterday, then (and not till then) shall I be inclined to think, that "*the question which Dr. Harrison professed it to be his intention to set at rest, remains—precisely where it did.*"

The verdict of a jury having decided against the College, in a case of their own putting, it remains to be inquired, what is the situation in which the College now stands, relatively to the public and to the practising physicians in London not members of that body? This subject, with your permission, I will attempt to investigate in a future letter. In the meantime, I have the honour to be,

Sir,
Your very obedient servant,
ARETÆUS.

London, 4th July, 1828.

PARISIAN NEWS.

Dr. Maisonabe—M. Milli—Mode of Treating Curvatures of the Spine—Albert: his mode of Lecturing—Lisfranc—Effects of Extirpation of the Cervix Uteri—Baking a Spaniard.

DR. MAISONABE recently presented to the Academy of Medicine a child who was club-footed on both sides, exhibiting, at the same time, very accurate models of the deformity in plaster of Paris; the object of these being to serve as a permanent record of the state of the patient, so that when cured, as he asserts will be the case, no doubt may exist as to the extent of the original malformation. At the following meeting, M. Delpech announced that he had a work forthcoming upon the subject, comprehending also deformities in general, and the methods he has invented for their cure. The fact is, that this is at present, and, indeed, has been for some time, a favourite subject here; so that a considerable number of establishments have been instituted, where all kinds of malformation and deformity are treated—nay, there is even a periodical on the subject of distortions. My friend and *cicerone*, boasting of this a few days ago, as a proof of the superiority of medical literature in France, I told him (and I am sure you will back me in the statement) that we had been beforehand with him in this respect, as a Journal had been established in London for several years, which was particularly devoted to *distortions* of all kinds. It is the misfortune here, as with us, that most cases, whether of deformity or disease, requiring long continued friction and the patient use of mechanical contrivances, perhaps for several years, generally get into the hands of ignorant persons. The circumstance which turned public attention to these subjects in Paris, was what happened to a young merchant named Milli. He laboured under curvature of the spine, for which he put himself under the care of M. Heine, of Wurtzburg. Whether he was really cured or not, I cannot venture to say, never having seen his back. He says himself that he is perfectly upright, but on this point there are different opinions. However that may be, the journey answered his purpose extremely well, for M. Milli argued, that what the German did for him, he might do for his countrymen, and still more for his countrywomen.

About five years ago, he published a prospectus setting forth his plans, and inviting all the crook-backs of Paris to come to his establishment, then just formed, near the Champs Elysées. As in this manifesto he appealed to his own figure, and said nothing about a pair of stays, which, it is hinted, he wore to hide the inequality of his shoulders, many did come. Milli got puffed in the newspapers—some persons of high rank put themselves under his care—he became the fashion, and, I believe, made a fortune. Many other institutions were speedily formed, several of which have answered the purposes of the founders, whatever may have been the case with regard to those

of the patients. Among these, one of the best is that of Dr. Maisonabe, in the Rue Chevreuse. The minutiæ of the contrivances vary in different places, but the general principle is the same in all—that of making extension in the recumbent posture. For this purpose, some form of collar is fixed under the chin, by which the head and upper part of the body are steadied; a girdle is put round the pelvis, by which the body is dragged downwards, and thus the spine is screwed up till it is straight, just as we tighten a fiddle-string by turning the peg. When they leave this piece of machinery, they are put into chairs, with various contrivances for supporting them: the head is fixed above, and the pelvis is strapped down below, so that the patient remains very much in the same state as when lying down. When they walk, they are only allowed to do so on crutches. This, I assure you, is no exaggerated account, as various kinds of wedges are applied over the projecting parts of the spine, and numerous other tortures inflicted besides.

Among the teachers here, none differ so much from those we are accustomed to in England, none, in short, are so purely French, as Alibert, best known as the author of a splendid and somewhat useless work on diseases of the skin. He is a dapper little gentleman, dressed, when I last saw him, in black satin inexpressibles, with a plaid waistcoat and a claret-coloured coat;—"the dress often shews the man."—Now this motley personage presents a singular mixture of real love for his profession and affectation. Thus, during the summer, he does not lecture in a theatre, like other people, but in the open air, surrounded by his pupils—after the manner of peripatetic philosophers. Among other patients was one with tenea capitis, the odour of which he asserts to form a perfect diagnosis. Having himself first snuffed up the "diagnostic" with apparent relish, the patient was sent round *to be smelt*. "*Mais sentez, Messieurs, sentez donc.*" Before the patient reached me, I was relieved from this horrible task by a shower of rain.

What the followers of Plato did on such occasions, I know not; but nothing could be more unphilosophical than the conduct of these modern peripatetics and their master. Off they went, helter-skelter, to an adjoining building, followed (or I should rather say accompanied) by Alibert himself, who seemed to think it better that his dignity should lose something of its lustre rather than his claret-coloured coat its gloss.

M. Lisfranc, whom I formerly mentioned as rather a coarse-mannered man, is an expert surgeon notwithstanding. At a late meeting of the Academy of Medicine, he stated that he had extirpated portions of the uterus in thirty-six instances, of whom thirty were cured, three died, and three remained under cure. In one of these cases, the operation was performed on the 21st of March, and the wound was quite healed by the beginning of May. M. Lisfranc, however, kept her in the hospital for a fortnight longer, in order to prevent her from taking too much exercise of any kind; but particularly that she might not give herself up, without restraint, "aux plaisirs de l'amour," for which, he asserts, they have, under such circumstances, an irresistible propensity.

A medico-popular kind of exhibition took place at the New Tivoli, a short time ago, in the *baking* of a Spaniard, named Martinez. An oven, shaped something like a dome, and tolerably commodious, was made hot enough to roast a fowl, when Martinez entered it, clothed in thick flannel, and with a large felt hat, and remained for about a quarter of an hour, while his supper was roasting. At the end of this time he came out, and his pulse was found to be above 130, not having exceeded 72 when he went in. After a short time, the oven being heated anew, he entered a second time, sat down and ate the fowl, and then drank wine freely to the health of the spectators. The heat of the thermometer was now about 110 of Reaumur, or nearly 280 of Fahrenheit. During the preceding experiments, the door of the oven had been left open; but, as a finale, Martinez lay down upon a piece of wood, and the door was closed upon him, and some lighted candles placed beside him. How long he would have ventured to remain, I cannot tell; but, after three or four minutes, there was a general cry of *c'est assez, c'est assez*—and the door being opened, shewed the candles extinguished and melted, and the oven filled with oppressive vapour, out of which leaped

the Spaniard, and plunging into a cold bath, which was ready for him, appeared in a few minutes all alive again. His pulse is said to have exceeded 200.

Lest you should think me, indeed, taking advantage of my assumed signature, and exercising a traveller's privilege, I shall for the present conclude.

VOYAGEUR.

ANALYSES & NOTICES OF BOOKS.

" L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society. Vol. XIV. Parts 1 & 2.

(Concluded from page 148.)

Analysis of a specimen of Cutaneous Perspiration. By J. BOSTOCK, M.D. F.R.S.

DR. BRIGHT sent to Dr. Bostock, for analysis, about four ounces of fluid, being the cutaneous perspiration of a patient of his at Guy's Hospital. By various computations (for an account of which we must refer to the original paper), the following was obtained as the result:—

Water	981. 7
Animal Matter	4. 6
Muriate of Soda	12.56
Soda	1.14
Phosphates and Sulphates a trace	
	1000.00

The animal matter was found to be partly soluble, and partly insoluble, in alcohol. The alcohol being evaporated, afforded a residuum manifesting a certain resemblance to urea, being apparently intermediate in character between this substance and osmazome. The part which was insoluble in the alcohol, resembled most nearly " the substance which forms the principal ingredient of the serosity of the blood." There was a very minute and scarcely appreciable portion of albumen, but no jelly.

It appears that the patient from whom the perspired fluid was obtained so largely, was a robust sailor, aged 64: he had formerly suffered from gravel, and had slept in damp sheets six days before his admission. Shivering, eructation, vomiting, pain in the belly, and constipation, followed. These symptoms were relieved, after a short time; when he complained of occasional griping pains, and his stools became deficient in bile; his urine pale, and much increased in quantity. After two days more he had pain round the umbilicus and over the pubes, particularly on pressure, or voiding his urine, the quantity of which now amounted to ten pints in twelve hours. Some dysenteric symptoms next shewed themselves, for which he took ipecacuanha and hydrar. c. creta. His mouth soon became affected, and the state of his bowels improved; but the quantity of urine continued very large. He was ordered to go into the warm bath twice in the week, and this was followed by perspiration so copious, that it was observed " running completely through the bedding, and forming streams upon the floor." He gained strength notwithstanding, and the urine diminished in quantity, and the patient appears to have got well.

Of the Catarrhus Æstivus, or Summer Catarrh. By J. BOSTOCK, M.D. F.R.S. &c.

IN the tenth volume of the " Transactions" is a notice of this affection, by Dr. Bostock, as it occurred in his own person; and in the present paper he extends his description, giving it a more general form. The number of cases which the author has either seen, or had distinct accounts of, amounts to 18; and he has heard, though less accurately, of 10 others. The general train of phenomena is as follows:—

" Most of them are attended with fulness of the head, stoppage of the nose, sneezing, watering of the eyes, and discharge from the nostrils. In about half of the whole number the respiration is considerably affected, and in three or four instances it is almost the only symptom. Some of the cases are attended with distinct cough, most of them with irritation of the fauces, and some with a degree of sore throat. Actual inflammation of the eyes is not a very common occurrence, and in some of the cases there is not even the discharge of tears, or the irritation of the eyes. The degree of general indisposition varies very much in the different

cases: in some, the patient, during the whole period, is unable to use any exertion, or to continue his ordinary occupations; while in other instances, he feels no inconvenience, except what arises from the fits of sneezing, and the copious discharge from the nose.

"I have not been able to trace any decided connexion between the peculiar symptoms and any circumstance of age, sex, constitution, or mode of life in the patient. For the most part, indeed, I have found, that in very young persons, the first symptoms that are observed are sneezing and running of the eyes; that the chest is not affected until a later period of life; and that, as age advances, the purely catarrhal symptoms decrease, while the pectoral symptoms have a tendency to increase. With respect to age, I have no account of the complaint commencing earlier than it did in myself, at about eight years, nor have I heard of any very old persons being affected with it: for the most part, however, it seems rather to increase with the advance of life than the contrary; and I have no account of any one who has been once affected by it, ever afterwards losing the tendency. It is remarkable, that all the cases are in the middle or upper classes of society, some indeed of high rank. I have made inquiry at the various dispensaries in London and elsewhere, and I have not heard of a single unequivocal case occurring among the poor. A considerable majority of the cases are males, but I have an account of some females, who suffer severely from the complaint. There is no decided evidence of the complaint being hereditary, except that there is an instance where three members of the same family are affected by it.

"The immediate cause of the symptoms seems to be sufficiently obvious; it consists in an increased action of the vessels of the membrane which lines the eye-lids, the nose, the fauces, and the pulmonary vesicles, by which it becomes acutely sensible to external impressions, has its natural secretions augmented, and probably its bulk increased; to this last cause I think we may ascribe the very distressing sense of dyspnœa which exists in some of the cases. Although this membrane is continued without interruption over the different organs that are the seat of the affection, yet it is observed that the different parts are affected in different degrees. Hence we may divide the disease into four varieties, according as the eyes, the nose, the fauces, or the lungs, is the part more immediately affected. It is in the last variety only that I have observed the constitutional symptoms of fever, and the subsequent debility, to exist in any considerable degree; and in this case I think we may account for the effect, by supposing that the thickened state of the membrane which lines the vesicles prevents the oxygen of the inspired air from duly acting on the blood."

An idea has generally prevailed, that some connexion existed between the effluvium of new hay and this affection, and hence it has been called the "hay fever." Dr. Bostock, however, is perfectly satisfied that, as regards himself, there is no truth in this supposition. With regard to remedies, the account is very unsatisfactory; but, upon the whole, our author has found depletion injurious, and that some benefit is gained from the moderate use of tonics.

"The experience of many years has taught me not to expect a cure for the complaint, so that I now only aim at relieving any peculiarly urgent or distressing symptom. Bathing the eyes in tepid water, and fomenting the face generally, occasionally applying small blisters to the chest, mild purgatives, small doses of ipecacuanha, Dover's powder, squills, and digitalis, bathing the feet in warm water, a moderate but not spare diet, perfect rest, and carefully avoiding all extremes of heat, comprise the whole of the means that I have found useful to myself. In order to prevent others from making useless experiments, I may remark, that among those things which I have tried without success are bark, iron, opium, mercury, large blisters, topical bleeding, the waters of Harrowgate and Leamington, the baths of Bath and Buxton, sea-bathing, the shower-bath, abstinence from wine and animal food, and a more free use of them; each of these having been made, as it may be said, the subject of distinct experiment, and persevered in until some circumstance rendered it necessary to discontinue them, or until they produced a decidedly injurious effect.

"While this paper was in the press, I was informed by a friend, on whose accuracy I could place implicit confi-

dence, that great relief had been experienced in two cases of the complaint, by applying to the eyes and nostrils a very weak infusion of the tincture of opium, in the proportion of one or two drops of the tincture to an ounce of water. I regret to say, that in the trial which I have hitherto made, it does not appear to produce the same beneficial effect on the symptoms."

Case of Rupture of the Stomach, produced by vomiting, with some observations. By J. N. Weekes, Esq. &c.

A man, 34 years of age, had been subject to attacks of pain at stomach for two years; these generally went off with vomiting—the intervals being irregular, and sometimes lasting many weeks. About Christmas he vomited a large quantity of blood, since which time his health has been much impaired, the attacks of pain and vomiting having been more frequent.

On the evening of April 13th he was brought to St. Bartholomew's Hospital, suffering great pain, extending from the epigastrium over the whole abdomen. There was nausea, but neither tenderness nor tension of the abdomen; pulse frequent, tongue clean. He attributed these symptoms to having drank some shrub and water, having had a similar attack a week before, after indulgence in spirituous liquors. On the following day the pain was better; but at eleven at night he had another attack of excruciating pain—the abdominal muscles hard and contracted, but the belly not tender on pressure; pulse small and feeble. Sixty drops of laudanum were administered, and not giving relief, were repeated; still, however, without benefit, as the pain continued for about two hours, when he was seized with violent vomiting. The pain was now rather better, and the vomiting ceased; but the patient sank rapidly, and died at four o'clock in the morning.

On opening the abdomen, the stomach was observed to be flaccid and empty, and its contents, which consisted of a large quantity of dark-brown fluid, were effused into the peritoneal cavity, through a ragged opening situated on its anterior surface, and near the œsophageal orifice. The rupture extended from below the lesser arch of the stomach to near its cardiac extremity, and was about four inches in length. The three membranes were not torn equally, the rupture of the peritoneal extending an inch farther than that of the muscular or mucous coat. On the posterior surface of the stomach was a laceration, measuring three inches in length; and there were two or three small ones, from an inch to an inch and a half in length, at its great arch. These lacerations extended only through the peritoneal coat of the stomach, the muscular and mucous tunics remaining perfectly whole. The mucous membrane of the stomach was lined with a great deal of dark-coloured secretion, beneath which the membrane itself was of a deep red colour throughout; its texture was softened, and partially emphysematous; the stomach, in other respects, appeared healthy. The liver was pale and softened; the gall-bladder contained a calculus; the structure of the spleen was unusually soft; the other viscera were healthy.

The remarkable features in this case are, the extent of the rupture of the stomach, with so little disease of its coats, there being no thickening or ulceration at the part where it gave way.

A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology, and facilitating their Diagnosis. By C. J. B. Williams, M.D.

We have often had occasion to smile at the earnestness and enthusiastic fondness with which writers especially advocate the cause of the particular theory or novelty that has attracted their attention, and to which they have especially devoted their inquiries; but this enthusiasm is, nevertheless, necessary, for if every new suggestion were merely announced to the world with critical coolness, the world would take no notice of it, and it would soon be disposed of in the "tomb of all the Capulets." But hyperbolical praise excites discussion; that which is announced extravagantly is as extravagantly opposed; and thus, from the conflict of opinions, the solid and candid portion of the profession is enabled to judge as to the real value of the numberless new-fangled doctrines and schemes that are perpetually presented to their notice.

Without intending offence to Dr.

Williams, or to any of those gentlemen who have so laudably exerted themselves in making the practitioners of this country acquainted with the merits and uses of the stethoscope, we may be allowed to say, that perhaps no novelty lately introduced into the science of medicine has been so much, and so indiscriminately, extolled as this instrument; thereby affording one of the most apposite illustrations of the remark we ventured to make in the outset.

We are very much inclined to think, however, that the use of the stethoscope is still very imperfectly known in this country, partly, perhaps, from prejudice, and partly from the difficulty of making out exactly the meaning of the different sounds by verbal descriptions only—one or two good practical lessons being evidently of more value in this instance than the most careful perusal of the most elaborate work. But of all the works on this subject that we have yet seen, we are inclined much to prefer that of Dr. Williams: he has evidently a thorough knowledge of his subject—he defines clearly the meaning of all the various terms of this new art as he goes along, and he gives such plain practical directions for its employment (assisted by figures), that it is scarcely possible to misconceive him. From Dr. Williams's preface, it appears not only that he was a warm admirer, but a close and attentive pupil, of Laennec. It is impossible for us to quote any isolated passage from a book of this nature—we notice it in order to recommend its perusal to our readers, because it contains, in a small compass, all that can be said, or need be known, respecting percussion and auscultation: the terms of the art are well defined and explained, and some of the points of pathology connected with diseases of the chest, are discussed with great ingenuity.

MEDICAL GAZETTE.

Saturday, July 12, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

SELLING DIPLOMAS.

It has been discovered that a very nefarious practice of selling the diploma of the College of Surgeons, and the certificate of the Society of Apothecaries, has taken place to some extent. It has been done by erasing the name of the person really holding the diploma, or certificate, and inserting that of the purchaser; a proceeding equally disgraceful to both parties, but which, we trust, measures will immediately be taken to render difficult at least, if not impossible, for the future.

WESTMINSTER HOSPITAL.

An outcry has been raised in some of the newspapers about the removal of this hospital, and some attempt has been made at throwing obstacles in the way of its accomplishment. The want of an hospital near Charing-Cross has been long felt, and various unsuccessful attempts have been made to raise funds for the purpose of erecting one. To have two large hospitals so close together as the Westminster and St. George's, would be absurd; and as the increased size of the latter (the building of which rapidly advances) will amply compensate to lower Westminster for the loss of the former, we think the change of locality for the advantage of the public.

At a meeting held a few days ago, the matter was definitively settled in favour of the movement, and lack of sufficient funds alone will cause any delay in its execution. We have no doubt that some local interests, which are likely to suffer by the change, would form a Key to the opposition which has been shewn*.

EVENING MEETINGS AT THE COLLEGE OF PHYSICIANS.

On Wednesday the 25th ult. the Harveian Oration of Dr. Cooke was read by

* On the ground granted by the Crown for the new hospital, at present stands a very celebrated establishment called the Key! This, for the benefit of country readers.

the Registrar. The ground has been too often trod to admit of much novelty, and on the present occasion, as in most others, it is rather to be looked upon as a display of classical attainment, than in any other point of view.

On the evening of the same day, the last of the public meetings for the season was held. These *soirées* have been well attended, and we have no doubt have been of use to the profession at large—removing prejudices, and substituting better feelings in their stead. "Men are softened by intercourse mutually profitable, and instructed by comparing their own notions with those of others." The custom of annually admitting a Licentiate to the Fellowship, which was so long neglected, seems again to be fully established; and we had to announce in a former number that the selection on the present occasion had fallen on Dr. Holland. This is in accordance with general expectation—that gentleman, from his successful career as a practitioner, having been brought much into contact with some of the leading members of the College, while he is well known as an accomplished man, and as the author of a very interesting volume of Travels.

DR. LATHAM ON INSANITY.

On the last evening meeting at the College of Physicians, an interesting paper, by Dr. Latham, was read, on "*The Diagnostics of Insanity, with more immediate reference to Commissions of Lunacy;*" and of which we subjoin an analysis.

The various mental affections comprehended under the general appellation of Insanity, differ so essentially from each other, as to require a separate consideration. The operation of mind may be considered as threefold: first, it simply apprehends or forms an abstract idea of a thing—black, white, wood, stone, &c.; secondly, it discriminates one thing from another—as what is black from what is white, wood from stone, &c.—this is called judging: thirdly, it reasons upon its judgments, and compares various objects—it connects colour with certain bodies, as black or white with the wall—it considers the nature of the substance which receives the colouring matter, &c.—and "even to an indefinite extent expands itself through all the mazes and complexities of ratiocination." This constitutes the discussive faculty. These three properties of mind, taken together, form intellect, the possession of which renders an individual *compos mentis;* still, however, volition and memory are required, to give efficiency to the mental attributes: without volition there cannot be a regular supply of objects presented to the mind; and without memory, the judgment must be defective, as without it comparisons cannot be instituted, or inferences drawn. Further, a man may perceive things as they are external objects and appreciated by sensation, or he may perceive them from other than external sources, being thrown back "as from a mirror," from the combination and association of numerous impressions—this is reflection: but these faculties may be impaired, sensation may be imperfect, and reflection erroneous, and thus the materials presented to the intellect being deteriorated, the operations of the mind become disturbed, and signs of insanity to a greater or less extent are manifested: he now becomes *non compos mentis.*

Insanity may be regarded as comprehending two orders—derangement and imbecility; and again, derangement may be divided into several varieties. Madness is that where merely the operations of apprehension, judgment, and ratiocination, are disturbed; but where this also extends to volition, memory, sensation, and reflection, so that the intellect cannot conduct any uniform or consistent operation, this condition obviously incapacitates a man for the charge of his own affairs, and may be analogically compared to "continued fever."

Lunacy is where the mind is not entirely incapable of performing its ordinary operations; where memory is generally tenacious, sensation acute, and reflection sometimes strong, and even accurate, but where the intellect is imperfect "as to its conceptions, its con-

sistencies, or its deductions." Here doubts may arise as to the fitness of the individual to manage his own affairs. It is madness with remissions, and may be compared with "remittent fever."

Lucid interval is when the mind again becomes capable of performing its functions, so that the individual is, for the time, *compos mentis;* but still he is only, as it were, in the intermission of an ague. The longer this intermission continues, the better—but the disease will sometimes suddenly return, even under the most flattering appearances, on the application of its exciting causes. It is only when he can bear the introduction of those topics which are connected with the original exciting causes, without manifesting any aberration, that he can properly be looked upon as fit to take charge of himself and his affairs. Lucid interval, therefore, is like the soberness of the habitual drunkard which follows sleep—an imperfect remission—a state of feverish irritability; soon, it is to be feared, to relapse into its former condition.

It is in cases of this nature that medical men have most difficulty, when consulted on commissions of lunacy. Indeed, those most conversant with the subject may be deceived, unless the particular point on which the patient is deranged be communicated to them. But when the commission is opposed, this is generally very carefully concealed, so that the jury are puzzled by a contrariety of evidence. Dr. Latham is of opinion that the man himself ought always to be examined, as the true nature of the case will often be thus elicited. His conduct, habits, and "epistolary correspondence," ought to be enquired into.

Of the second order of insanity—namely, imbecility of intellect—there are also three varieties.

Idiotcy is the lowest condition of intellect: it is a question whether even simple apprehension be exercised, and, at all events, there is probably nothing like judgment, or ratiocination. There is, in truth, what may be called "a complete amaurosis of intellect, where no image can either be planted or reflected:" of course, such an individual is altogether unfit for the management of his affairs.

Fatuity is a step above the preceding, but the limits are frequently so indistinct as scarcely to admit of being pointed out.

Weakness of intellect "is that condition where impressions, however forcibly made, are but very feebly retained." Apprehension, judgment, and the discussive faculty, may exist to a certain extent, but there is so little volition and memory to supply them, that there is often doubt whether there be any reflection. The individual ought to be examined on the points before-mentioned; but, after all, it will sometimes be matter of question whether a commission ought to be granted or not. A weakness of intellect is sometimes the accompaniment of advanced years, to such an extent as to render the individual "non compos mentis." It occasionally happens, that, before the body has become impaired, the mind loses its peculiar energies, neither the past nor future making any impression; the business of the immediate moment alone is perceived with clearness. Such an individual can neither be looked upon as absolutely insane nor as an idiot, although, at the same time, he is not fit to be trusted with the management of his affairs. Injury of the brain from accidents, palsy, and such-like affections, may likewise bring the patient into a state in which it is difficult to say whether or not he be "compos." It will always remain for a jury to determine how far an individual retains mental vigour sufficient to enable him to keep his place in society: if it appears that he is already surrounded by his natural guardians, and has made his testamentary arrangements, for the most part he ought to be left undisturbed. Dr. Latham is of opinion that a jury, taking all the circumstances of such a case into consideration, will seldom come to an improper conclusion.

At present there is nothing intermediate between absolutely granting and refusing a commission of lunacy: but Dr. Latham thinks, that if the jury be not unanimous—the majority being against the commission—still, that a certain number of the jury being of a different opinion, shews some doubt to exist as to the competency of the individual to manage his affairs; and, therefore, instead of turning him loose upon society, without restraint or protection, that the commission ought to remain in abeyance; during which the

supposed lunatic, or imbecile person, should be prohibited from making a will, executing a deed, marrying, or any other act which might involve himself or his property in difficulty. In short, he ought to be considered as an infant under age, and be made a ward of Chancery.

Dr. Latham concluded his observations by relating the following case:—A young lady of weak intellect, whose friends thought her not under proper guardianship with her relations, applied for a commission. She had been taught writing, arithmetic, and music. On one occasion, when examined by Dr. Latham, she played Handel's Battle of Prague, but could not count the amount of a guinea out of money laid upon the table. This and other instances of imperfect intellect were deposed, on oath, by three physicians; but the young lady being examined before the jury, was asked how many shillings made a guinea?—to which question she happened to give, on this occasion, a correct answer, and the commission was refused. She married injudiciously, and her fortune, which was originally considerable, was soon insufficient to secure herself and her children from want.

A short paper, by Mr. Howship, was afterwards read, detailing a case of intersusception.

ACUTE RHEUMATISM, WITH PETECHIÆ.

To the Editors of the London Medical Gazette.

Elgin, 23d June, 1828.

GENTLEMEN,

If you think the following communication sufficiently important to be published in the London Medical Gazette, you will greatly oblige me by giving it a place in an early number. Wishing you every possible success in your useful labours,

I am, Gentlemen,
Your most obedient servant,
JOHN PAUL, M.D.
Member of the Royal College of Surgeons in London.

Feb. 11th, 1828.—A young woman of the name of Ogilvie, æt. 23, and of robust constitution, labouring under acute rheumatism in a very aggravated form, came under my care this afternoon. She had been exposed to a great deal of wet and cold during the winter, having been employed as a farm servant; but her health continued good till three days ago, when she was seized with pains in her joints. At present the pain is so acute in her shoulders, back, and loins, that she is unable to turn herself in bed; it is also severely felt in various other parts, more particularly in the articulations of the left arm, and in the muscles of the left thigh and leg. There is no swelling of the affected joints, or redness of the integuments; but the slightest touch gives exquisite pain. Skin hot, and covered with perspiration; face expressive of great suffering; tongue brown, dry, and rough; pulse 98, and strong; bowels confined.

Fiat V. S. ad ℥xviij. et habeat statim Calomel gr. v. et Pulv. Opii gr. j. et eadem hora somni. Cras Mane Pulv. Jalap, c. ʒj.

12th.—After taking the second dose of the calomel and opium, she felt easier, and had some sleep. To-day she does not appear to be much relieved of pain. Blood sizy, but not so much as might be expected. Physic has only operated once.

Habeat Inf. Sennæ, cum Sulph. Magnes. donec alvus bene purgatur, et postea Cal. et Opium ut heri.

13th.—Bowels well purged yesterday. Took three doses of calomel and opium; was a good deal relieved of pain after the third dose. To-day complains of pain as much as ever, which appears to shift from place to place. Let her have in the course of the day four doses of calomel and opium.

14th.—Much in the same state as yesterday. Bowels confined. Took all the calomel and opium prescribed yesterday.

Repetatur Inf. Sennæ c. Sulph. Magnes. Cont. Cal. et Opium.

18th.—Has taken daily since last report three doses of calomel and opium. Slight mercurial fœtor perceptible in the breath, and feels her gums getting tender. At times she is greatly relieved of pain, but it returns with considerable severity. The least motion increases the pain, and she is yet scarcely able to

turn herself in bed. Pulse 98; skin hot, and for the most part covered with perspiration; tongue brown, but moist.

Habeat Inf. Sennæ c. Sulph. Magnes. et deinde Cal. et Opium ut antea.

20th.—No change.

Ord. Pulv. Jalap. c. 3j.

22d.—Complains less of pain; bowels confined.

Rep. Pulv. Jalap. c.

23d.—Mouth pretty sore.

Sumat Cal gr. v. et Pulv. Opii gr. ij. statim et h. s.

24th.—Slight ptyalism. Still harassed with rheumatic pain, but in a much less degree, and is now able to turn herself in bed.

Omit Cal. and Opium.

℞ Pulv. Rad. Colchici.

Extr. Hyosciam. n. a. gr. ij. M. fiat pilula ter indies sumend.

26th.—Mouth very sore; always complains a little of rheumatic pain.

Utatur garg. Inf. Rosæ. Cont. Pil.

March 2d.—Mouth continues very sore; not yet quite free from pain.

Capiat Pulv. Jalap. c. 3ij.

5th.—Complains a good deal of weakness, and petechiæ are appearing on various parts of her body. Passed some blood by stool this morning. Is now completely relieved of pain; mouth still very sore.

Omit Pil. Habeat Pulv. Cinch. 3ss. in haust. c. Acid. Sulph. a. gutt. xv. ter in die.

6th.—Has had frequent and rather profuse discharges of blood by stool; petechiæ are over the whole body, and blood is oozing from the gums; features very much attenuated; skin cool; great prostration of strength; pulse 110, and weak.

Omit the Bark, and substitute the Sulphate of Quinine, in doses of 2 grs. as often as the stomach will bear, with the Elixir of Vitriol. Ordered to have some port wine from time to time, and strong beef tea.

7th.—Has not passed any blood by stool to-day, and is much improved in strength; has taken 20 grs. of quinine within twenty-four hours; mouth very sore from the calomel, but there is no oozing of blood from the gums.

Continue the Sulphate of Quinine.

8th.—Gains strength, and continues free from rheumatic pain. Took, since yesterday, 10 grs. of quinine. Gums not so sore. Petechiæ are fading.

9th.—Improving in strength.

Ol. Ricini, 3ss.

10th.—Castor oil operated well, and there is no appearance of blood in the discharges.

Ordered 6 grs. of Quinine daily.

13th.—Convalescent: petechiæ scarcely perceptible. Quinine may be continued a few days longer.

17th.—Quite free from complaint.

Remarks.—There is nothing new in the exhibition of calomel and opium, in the treatment of acute rheumatism, and I have been long in the habit of giving calomel in this form, after pretty free sanguineous depletion; but never in such large doses as on the present occasion, till I was satisfied of the advantage of bringing the system rapidly under the influence of mercury by the perusal of Dr. Chambers's cases in the Medical and Physical Journal. The progress of this case, however, distinctly shews that rheumatic inflammation does not always entirely subside when ptyalism is produced; still, calomel combined with opium, judiciously used, appears to have a more powerful effect in controlling, if not in subduing it, than any other therapeutic means that we possess.

The use of mercury has of late years been extended to the treatment of various acute diseases, with the best results; and, if not out of place, I may here remark, that, in two very hopeless cases of croup, which occurred recently, the period for depletory measures having been lost, I administered calomel combined with opium, and rubbed in the stronger mercurial ointment, without much reference to quantity; and in this manner I succeeded very quickly in affecting the system with mercury;—by which means, I fortunately saved both patients. From the result of these cases it would appear, that in this complaint, always formidable, and often fatal, if the local inflammatory action be not speedily arrested, no time should be lost in attempting to produce, as quickly as possible, the constitutional effect of mercury.

Except its severity, there was nothing remarkable in the case under immediate consideration, till the petechiæ and dis-

charges of blood from the bowels appeared; and had it not been for these occurrences, and to shew the decided good effect of the sulphate of quinine, I would never have thought it deserving of being published. These occurrences, then, being unusual, it may not be uninteresting to inquire into the causes to which they can be ascribed. It is maintained by many, that the blood becomes more liquid when the system is under the influence of mercury; and the same thing, I should think, must happen in the latter stages of all protracted acute diseases. This condition of the blood may be favourable to its transmission through the extreme vessels; but still, unless these vessels have, in some measure, lost their contractile power, no blood can escape through them. It is not unreasonable to suppose that the tonicity of the exhalants may be weakened by the effect of mercury, when a patient, labouring under a protracted acute disease, is oversaturated with that mineral; and I am inclined to think that, in the above case, the calomel was pushed too far. It would probably have been better to have detracted blood again, and to have given the calomel in smaller doses. It is unnecessary to make any remarks regarding the sulphate of quinine, since its superiority, as a remedy in various complaints, is now so well established; and, in this case, its effect in giving tone very quickly to the system was strikingly manifest:—it is, indeed, a remedy of Herculean powers.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Aneurismal Varix—Operation.

A CASE of this kind was operated upon by Mr. Green, a few weeks since, which was interesting in itself, and of which a correct report has been made the more necessary, owing to a very erroneous account of it having been published in another Journal.

George Pascall, æt. 25. The patient stated, that, five years before, he had been cupped on the temple, and that soon after a swelling had appeared there, which had burst twice in the course of three months; but that, both times, the hæmorrhage had been restrained by pressure. There was a tumor on the left temple, two inches in length, extending from the outer angle of the eye to above the ear; it was of about the thickness of a finger, was soft and compressible, and in every respect resembled a varicose vein. Terminating this tumor, in front was a small rounded projection, more prominent than the rest, and having a very distinct pulsation. So great was the noise caused by its beating, that it materially disturbed the patient's rest; and when a stethoscope was applied to it, the sound was like that of a large aneurism. On applying firm pressure on any part of the dilated vein, the pulsation in the smaller tumor ceased; the reason of this was afterwards found to be, that one of the arteries supplying the aneurismal sac had the same course as the vein. It appeared probable that more than one vessel supplied the sac, because, on emptying it by pressing with the finger, and then carrying the finger backwards along the vein, all the time keeping up firm pressure, in a few minutes the vein and pulsating tumor filled again. Mr. Green thought it best entirely to remove both the varix and the communicating cavity.

The first of the accompanying cuts represents the disease as it appeared immediately before the operation. Two incisions were made through the integuments, so as completely to insulate the whole tumor; the principal artery was then laid bare, and secured with a ligature at the posterior extremity of the incision, and both vein and artery were dissected from the cellular membrane up to the cavity of communication, which was found to be the small pulsating tumor. Here another small artery was tied, supposed to be that which assisted to supply the sac *. The vein and artery were then divided close to the first ligature; and the vein bleeding freely, it was taken up along with two small arterial branches, which were included in the same ligature.

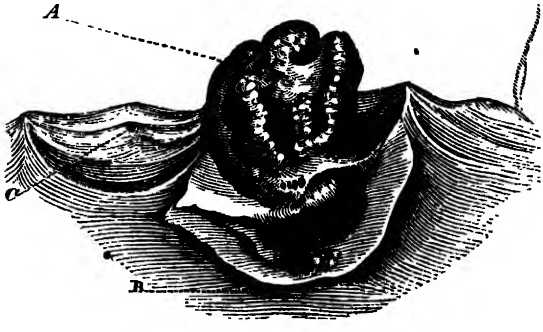
Fig. 2 represents the two principal vessels after being filled with quicksilver, and dissected clean. It will be seen that both vessels were obliterated beyond the point at which they commu-

* Mr. Green thought that this might possibly be the continuation of the principal artery, not quite obliterated.

nicated. The smaller nutrient artery, above spoken of, must have been very minute, as no vestige of it remained in the preparation.

For two or three nights afterwards, the patient complained of a noise in that side of his head similar to that which had so much annoyed him before the operation. This soon ceased; all the ligatures have since come away, and the wound is now filling up by granulation.

EXCRESCENCE FROM ONE OF THE SEMILUNAR VALVES OF THE AORTA.

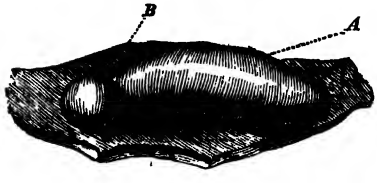


(*A*) The principal tumor.
(*B*) The extent of the cavity behind it.
(*C*) The smaller excrescence.

VARICOSE ANEURISM.

(*Fig.* 1.)

View from without.



(*A*) Enlarged vein.
(*B*) Pulsating tumor.

(*Fig.* 2.)

View from within.

(*A*) The artery—of its natural size.
(*B*) The vein.
(*C*) The cavity formed by their communication.

ST. GEORGE'S HOSPITAL.

CASE I.—*Abscess in the right Iliac Region, communicating with the Interior of the Intestinal Canal, and forming an Artificial Anus.*

GRACE HARRIS, ætatis 21, was admitted into this Hospital on the 14th of May, with an artificial anus in the right groin, of which she gave the following account.

About a fortnight before Christmas last, she received a kick in the groin from a little girl, and in the course of a month, or rather less, she began to be affected with pain and throbbing in the part, which were not, however, severe, except after taking exercise. She was at this time confined to her room, but not her bed, and was attended by Mr. Acret, of Torrington-Street, who ordered her various medicines, and subsequently a blister, leeches, and fomentations. The pain was not acute, and was confined to a particular spot, immediately below the anterior superior spinous process of the ilium. A little better than a month ago, she first perceived some swelling, which was poulticed and fomented; and in the course of a short time a puncture was made by Mr. Acret, giving issue to nearly half a pint of the most abominably offensive matter. The abscess continued to discharge, and, at the expiration of a week, she noticed fæcal matter in the poultice, which has been evacuated ever since, though only every other day, and in trifling quantity. The menstrual discharge has ceased since Christmas, and she has been always subject to attacks of "liver complaint," so severe as to confine her to her bed for months together.

Such is the history she gives of her complaint; and, from the clear and satisfactory manner in which it is delivered, it may be relied on with much more confidence than can usually be given to the statements of hospital patients.

On examining the groin, a small and oblong opening is discovered, about an inch and a half on the inside of the anterior superior spinous process of the ilium, from which there is a constant flow of thin and dirty-looking pus. The integuments around, and in the line of Poupart's ligament, are excoriated, and have a kind of gurgling, and very unpleasant sensation in the groin. Her appearance is scrofulous and hectic; pulse quick and wiry; tongue red; feels flushed in the evenings, and is troubled with dry cough in the mornings; appetite voracious; much debility.

℞ Quininæ sulphatis, grs. ij. Acid. sulph. dilut. ℥vi. Aq. distill. ʒj. Tinct. Opii, gtt. iij. M. ter die. Vin. rub. oss quotidie.

19th.—The discharge of fæces from the groin has been greater for the last few days. In order to give a ready exit to the matter, Mr. Brodie introduced a director into the sinus, passing it downwards and inwards for the space of an inch and a half, in the line of Poupart's ligament; but a little above it. An incision was made from the end of the director, and the parts divided along the groove, so as to lay open the sinus in its whole extent. Mr. Brodie imagined that the director passed between the oblique and transversalis muscles, and on placing his finger in the wound, it could be carried on, apparently under Poupart's ligament, into the cavity of a considerable abscess. The part was ordered to be dressed with lint, tow to soak up the discharge, oiled skin over that, and a solution of the chlorate of lime to destroy the disagreeable effluvia.

23d.—The discharge, both of pus and fæces, has diminished since the operation, and her appearance generally has much improved. The quinine having produced a little feverishness, and the bowels being purged, she was directed to discontinue it a day or two ago, and ordered an oz. of mistura cretæ, with a scruple of aromatic confection, and ten minims of tincturæ opii. The purging ceased, and she has resumed the quinine.

She went on improving in appearance until the 2d of June, when we find by our report that the discharge was lessening in quantity, and had been entirely unmixed with fæces for several days. The bowels being confined, the quinine was once more discontinued, and saline draughts, with three grains of calomel and eight of colocynth, ordered in its stead. The discharge continued to diminish, and for upwards of a week was free from fæcal matter. On the 13th, however, we found that

groin, and the purulent discharge being more profuse.

In the course of a day or two, another but smaller abscess burst on the outside of the old one, and gave issue to a mixture of pus and fæces in considerable quantity. She became thinner and weaker, and expressed a wish to be wheeled into the park in a chair, which was acceded to. On the 23d, the medicine was changed for—

Haust. Cinchonæ, ℥j. Potass. Subcarb. ʒj. M. ter die, c. succi limonis, ℥j.

27th.—Tinct. Cinch. ℥ss. Potass. subcarb. ʒf. Aq. ℥ss. M. ter die adjectâ succi limonis, ℥ss.

July 5th.—Omittatur Haustus olim præscript. ℞ Pulv. Rhei, ʒj. Magnes. carb. gr. x. M. statim sumend.

At present she is evidently worse than she was a short time after her admission. The discharge is copious, thin, and watery; the fæces pass through the opening at the groin; the sinus is extensive, and its edges are inflamed; and her appetite is extremely indifferent.

Mr. Brodie is of opinion that an abscess having formed in the cellular membrane lying in the iliac fossa, communicated either with the cavity of the cæcum or small intestine, most probably the former. Mr. Brodie has seen a somewhat similar case, where the opening in the gut was the consequence of suppuration in the glands of the groin. The patient died; but in another, in whom the symptoms were precisely similar, the disease was arrested before the intestine was affected, and, we believe, the swelling in the groin subsided. The improvement in the present case, after the sinus had been laid open, was, at one time, so decided, that sanguine hopes of recovery were entertained. The hectic and attenuated condition of the patient, as well as the quality and quantity of the discharge, are calculated to damp the expectations which were formed, and lead one to imagine that the cellular membrane is deeply and extensively affected, if the bones themselves are not diseased. Little can be effected by art, and it remains to be seen if much will be done by nature.

of May, with symptoms of polypus of the uterus, which had begun three years before, and were attended with a profuse and bloody discharge from the vagina. The polypus was large, so much so that the finger was unable to reach the os internum, or even the neck of the polypus itself. She was a married woman, and had borne a child, which was still living. The catamenia had ceased when the symptoms of the disease commenced, and she was of a pale unhealthy aspect.

The bowels were opened with castor oil, and on the 5th of June Mr. Brodie proceeded to apply a ligature to the polypus. It was at first attempted to drag it down, with the nectis, to the external orifice of the vagina, but its size was such, that although a great degree of force was used, the attempt was unsuccessful; and at length, the perinæ beginning to give way, it was abandoned altogether. A second attempt was made to draw the tumor down by means of Lisfranc's double hook, but Mr. Brodie finding it in vain, determined on applying a ligature round the neck of the polypus, which was done by the double canula with great facility. The canula was left in the vagina, in order that the ligature might be tightened from day to day. The patient bore the operation well, although the attempts to drag the polypus to the mouth of the vagina were attended with excessive pain; the tying of the noose by the canula gave little or none at all.

H. Sahn. c. Liq. Ant. Tart. ℥xv. 4tis horis.

6th.—Slept a little in the night, but suffers extremely whenever the bladder is distended, or when she voids her motions. In other respects she is doing well.

8th.—The ligature has been tightened from day to day; discharge profuse, and apparently mixed with pus; countenance pale; occasional head-ache; pulse 65, and soft; no pain in the abdomen. The water is drawn off, and the bowels are regularly opened.

Lot. Chloratis Sodæ applicand.

11th.—On tightening the ligature this morning, it was found to have cut through the cervix of the polypus, and

The discharge diminished after the removal of the tumor, and on the 17th it had completely ceased. She was put upon bark and sulphuric acid; her health improved; she gained a little strength; and on the 2d of the present month she was dismissed the hospital.

Mr. Brodie observed to the pupils that he had never seen a polypus of so large a size. He first of all attempted to draw it down, because he was unable to reach the cervix with his finger, and of course was unable to ascertain with precision from what part of the uterus it grew. The bulk, however, was so great, that unless the perineum had been divided, it was impossible to bring it down. In a similar case, M. Dupuytren did divide the perineum, but Mr. Brodie was unwilling to resort to this, as it would expose the patient to all the inconveniences which follow a laceration of the part.

Operations.

On Thursday last (3d July) two patients were operated on for stone by Mr. Keate. The one was a child, the other a lad of 15, and both are doing well. The operation on the child was completed in *forty seconds*; and in a case in which the same surgeon operated a month or two ago, the time was something less! The stone in the boy was extremely large, and a little difficulty was experienced in extracting it.

On the same day a patient was trephined by Mr. Brodie. The case will be detailed, with several others of injuries of the head, in our two succeeding numbers; when we shall also allude to the clinical lecture delivered by Mr. Brodie.

GUY'S HOSPITAL.

Effects of Nux Vomica.

A PATIENT died in the hospital last week, of hydro-thorax. The husband stated that, some years before, she had taken a quantity of nux vomica, which had produced symptoms like those of hydrophobia, and he was particularly desirous of having the stomach examined, in order to ascertain whether the poison had there left any traces of its action. Dr. Back, therefore, had the patient opened, and the mucous lining of the stomach particularly examined; but not a trace of inflammation, or other derangement, could be seen. The mucous membrane was perfectly colourless. G.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

July 2d, 1828.

DR. BILLING, PRESIDENT, IN THE CHAIR.

THE minutes of the former meeting having been read,

Mr. Cooke exhibited to the Society a modification of the iron splint for fractures, recommended by Mr. Hodson, of Birmingham, and made by Mr. Flint, of that town.

Dr. Babington related a fatal instance of hernia of the foramen ovale, which occurred in a lady, forty-five years of age. The portion of the ileum strangulated was merely a nipple-like process, not embracing the whole caliber of the bowel. The Doctor likewise showed to the Society a pullet's egg, of extraordinary size, taken from the body after death. It was twice the size of a common hen's egg, and the pullet appeared to die from inability to expel it. He also produced seventy biliary calculi, some of them of considerable size. They had completely filled the gall-bladder, and the person from whom they were taken had never undergone any paroxysm indicative of their existence, but he had suffered from continued stomach uneasiness. As an object of curiosity, he also produced specimens of white and black hair, taken from the head of a middle-aged man. The patch of white, equal in extent to the palm of the hand, had formed within a month.

Dr. Whiting and Mr. Cooke adduced instances of a similar change, and in both cases the alteration of the colour of the hair followed rheumatic fever.

A long and very interesting discussion ensued from the relation of Dr. Babington's case of hernia, on the circumstances which should guide the surgeon in performing the operation in obscure cases; and on Dr. Blundell's proposal of opening the abdomen, and tracing the intestines in cases of mechanical obstruction, when there exists no external sign of hernia; and on the administration of drastic purgatives

The evening closed with the reading of a paper, by Mr. Key, entitled, "Memoir on the dislocation of the head of the Radius," which will be published in our next number.

The President congratulated the meeting on the very auspicious circumstances under which the Society closed its meetings, and adjourned them till Wednesday, Oct. 1.

NOTICES.

We have to acknowledge the receipt of Communications from "Mr. Earle"—"Mr. Key"—"Mr. Jewel"—"Mr. Williams"—"R. T."

The Regulations alluded to by "Aliquis" are not to be obtained in London—they were printed by Walker and Grieg, Parliament-Stairs, Edinburgh.

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Medicine and the Collateral Science

No. 33.] SATURDAY, JULY 19, 1828.

SELECTIONS FROM LECTURES ON THE PRACTICE OF PHYSIC.

By W. F. Chambers, M.D. F.R.S.

Physician to St. George's Hospital.

(Continued from page 132.)

REMITTENT FEVER.

I at first doubted whether I ought to consider this disease as a variety or modification of intermittent fever or not, but I have determined to place it under a separate head altogether; for this reason, that although, like intermittent, it often arises from marsh miasmata, or analogous effluvia, yet there is some reason for supposing that it is producible from other causes; at any rate it is known to occur when such miasmata are not discoverable at its source.

I should say, with respect to its origin, that it may be traced in most cases, when it attacks adults at least, to the influence of marsh miasma (under this head I include all other miasmata which are similar to this effluvium). It is, in fact, found mixed up with intermittents in fenny countries, and occasionally passing into intermittents, and not unfrequently succeeding that disease in the same patient. It is observed also to prevail in India and China, and other hot climates, in the unhealthiest season, viz. in August and September; and to be followed, in the same districts, by intermittents in October and November, which are cooler and healthier months.

It may fairly be asked, why the same influence should in some persons produce a regular intermittent, and in others, a remittent fever. I would answer, that this sometimes depends on the state of the recipient, I mean of the patient himself. If he be of a gross habit of body, of an intemperate mode of living, habitually exciting his liver and digestive organs by stimulating food and intoxicating liquors, in a country where such diseases are endemic; or if, without such intemperance, he has the misfortune to be of a habit of body in which the chylopoetic viscera are readily deranged and their functions impaired, and is obliged to expose himself, with such predispositions, to the effluvia of which we are speaking, the probabilities are, that if fever should occur, the disease with which he will be attacked will put on the remittent type rather than the milder and more tractable form of an intermittent.

The occurrence, however, of a remittent, rather than an intermittent fever, in any individual, does not always depend upon the habits and constitution of the patient himself; for it is sometimes observed to attack with great aggravation, in marshy districts, persons of a sanguine temperament, strong digestive power, and regular habits of living. As we know so little of the real essence of the endemic miasma, which produces these or any other forms of fever, it is perhaps idle to speculate very curiously respecting its varieties and modifications. It is enough to suppose, that it is either poured at certain seasons, on certain individuals, in a state of greater concentration than on others; or else, that there is a greater capability in certain persons, not differing from their neighbours by any external marks, of imbibing a large portion or,

dose of this subtle and deleterious poison; and that they, in consequence, are affected by a severer and more obstinate disease; or else, that there is some minute difference, which we cannot detect, in the poison itself, which causes the difference of which we are speaking in the effects produced by it; and this last supposition is rendered more probable by the circumstance of the disease, which orginates in the effluvia of marshes, putting on in the earlier part of autumn the remittent form, whilst at a later season it is of an intermittent type. We shall find, however, that in every instance in which the marsh miasma excites remittent fever, that the first effects of the poison are to produce, in persons who may not have been previously suffering from hepatic or intestinal disease, the severest symptoms of derangement of all the chylopoetic viscera, with a profuse production of morbid secretions from them all. Thus we see, that whether it is to be considered as one of the occasional causes of remittent fever, or whether it is to be ranked amongst its earliest symptoms, this affection of the stomach, liver, and bowels, is a circumstance which is invariably observed to exist in the first stage of the disease.

We have hitherto been speaking of remittents as only produced by marsh miasmata, but it is an undoubted fact, that remittent fever, accompanied by a very aggravated form of biliary and intestinal derangement, is occasionally produced in places where there is no obvious source from which true marsh miasma can be supplied—out at sea for instance. In these, and other situations distant from marshes, the disease generally appears under circumstances of extraordinary atmospherical vicissitudes, especially when there is much dampness in the air; and is not, after all, so severe a complaint as that which is produced distinctly by paludal exhalation. I have said that it may be referable, under such circumstances, to extreme vicissitudes of atmospherical temperature, but I am by no means certain that there may not be something more than mere temperature concerned in this production of the disease in question. If, indeed, we reject the supposition that the holds of ships, and even such inconsiderable sources of effluvium as fuel, water casks, or tanks, are capable of producing fever, we may still say that it is very possible, that by some chemical process, performed by nature on a great scale, something analogous to the effluvia of marshes may be produced in the air itself, even when at a distance from swamps and fens; this, however, is mere speculation, but the fact is certain, that a disease, very similar to marsh remittent fever, may be produced by the agency of the atmosphere or some other source, independently, and without any direct or evident admixture of the true miasmata of swamps. The disease which we are speaking of, though occasionally prevalent in this country, and in other temperate climates, is infinitely more frequent within and near the tropics: the reason of this may be that the atmospherical vicissitudes, to which it appears to be in some degree attributable, are more remarkable in those latitudes than in ours. The best descriptions, therefore, of this disease, in its most atrocious form, are to be found in the writings of those who have practised in hot climates. (The lecturer here referred to the works of Dr. James Johnson, Mr. Annesley, and Dr. Wilson, as containing excellent accounts of this disease.) These authors give a description of bilious remittent fever of the severest kind. Happily for this country we do not often see it here attended with such intense symptoms as described by them. The remittent fever, however, of this country, although differing from that of hot climates in intensity, is the same disease in essence; and we shall find that it is to be cured by similar means, modified of course, and regulated by the circumstances of each case.

We have said, then, that remittent fevers arise from two great causes;—from marsh miasma in the first place, and in the second, from sudden vicissitudes of atmospherical temperature, precipitating, perhaps, some other deleterious principle, evolved from hidden sources in the course of these changes, which is capable of producing this particular kind of febrile action in the human body.

But these, though the principal causes of remittent fever, are not quite all the sources from whence it arises. For simple derangement of the functions of the stomach, bowels, and assistant viscera, whether it arises from improper food, or from too large a quan-

tity of proper food, or from digestive powers so much impaired by any circumstances as not to be capable of assimilating even a moderate quantity of good nutriment, will *in certain irritable constitutions*, under any circumstances of climate, situation, or temperature, produce a disease very similar to that excited by the causes before-mentioned. This particular kind of remittent fever does not often occur in adults; for imperfect digestion, although it produces much inconvenience, and sometimes serious structural disease in them, does not generally excite remittent fever without the assistance of the two other causes of this disease; but children, from their birth to the age of seven or eight years, on account, as we may suppose, of their great delicacy and susceptibility, are very extensively affected by it. This is the disease which is well known under the name of infantile fever, or febris infantum remittens; and is well known, also, to arise in them from simple gastric irritability, independently, as far as we can see, of external causes, and to be at any rate mainly curable by the restoration of the chylopoetic organs to health and vigour.

When I say, however, that infantile fever arises, without exposure to miasma, from gastric irritability, I only mean that its miasmatic source is not ascertainable in such cases. It is still possible that, from the great susceptibility of children, they may be assailable by a miasma of so mild a character, or in so diluted a state, as to be incapable of generating the disease in an adult: in this case, we may place the gastric irritability which characterizes the access of the complaint, amongst its earliest symptoms, rather than amongst its exciting or predisposing causes.

But to return:—The predisposing causes of the two first varieties of this disease are the same as of intermittent fevers; but as to the last mentioned variety, it may be said that the predisposing cause merges in the existing cause. This is the case with some other diseases, as we shall see hereafter.

With respect to the pathology of this disease, I have little to add to what has been already said respecting the pathology of intermittents.

The effect of the exciting cause is much the same, except that the congestions and accumulations which it produces are generally more intense and more obstinate than those observable in the former disease.

The congestions which occur in the hepatic and mesenteric systems are such as sometimes to excite inflammatory affections of the organs supplied with blood by that system. The determination of blood to the head also, is a remarkable feature in this disease, which is of course aggravated by the sanguineous stagnation in the portal system and in the chest. In the first stage of this disease the cutaneous vessels are quite void of blood; but when re-action takes place, or the warm stage begins, the heart exerts greater powers, and now the skin becomes heated and suffused, and the whole system is excited (particularly those parts which have been loaded with blood at the outset of the disease) into a state very near to inflammatory action. We shall see by-and-by that this state differs from pure inflammation in several important particulars. I therefore do not call it inflammation, although, as I said before, if not actively and judiciously treated, it may end in enteritis or hepatitis, or pneumonia.

If persons die in the first or second stage of this disease, the appearances are much the same as in those who die in corresponding stages of intermittent fever, except that they are all of an aggravated character. During the first stage the symptoms of venous congestion are very evident in the abdominal viscera, and sometimes in the lungs as well as the brain; and in the second stage, those of arterial accumulation are equally developed. When persons die in the latter stages, especially after a long continuance of the disease, the appearances after death are those of indurated liver, thickened mucous membrane of the stomach and intestines, and often ulcerations of the latter; indurations of a portion, or great part, of the lungs; thickening of the meninges of the brain; and, occasionally, effusion between the membranes, or in the ventricles, or in both.

We now come to the description of the symptoms of this disease.

SYMPTOMS OF REMITTENT FEVER.

This disease comes on with symptoms very like those of the first stage of intermittent—such as languor, las-

situde, lowness of spirits, sensation of cold running down the back, heavy headache, particularly under the os frontis. These symptoms are, however, followed in a very short time by those which particularly characterize the disease—I mean active delirium, nausea, and then vomiting, often of bilious matter; sense of pain and stricture of the epigastrium and both hypochondria; and often purging of offensive watery stools, with severe griping. There are often observable, likewise, distinct symptoms of congestion in the thorax: such as distressed breathing, with a sense of weight and oppression in the chest, and some cough; together with a livor of the countenance, and a dark redness of the lips, which clearly prove that the blood has not undergone perfectly the requisite changes in the lungs. The pulse and heat of skin are very variable in this disease: sometimes the pulse is, during the stage of reaction, very frequent and very full; at others, even during the presence of acute delirium and severe pain in the head, it is little above the natural standard. The skin also presents the same inconsistencies in temperature. Sometimes, when the delirium is most furious, the skin is moderately cool; and sometimes slightly relaxed into partial clamminess. These, however, are very deceptive circumstances, and probably depend on the tendency to remit, which is evident in the type of the disease, and which, therefore, even in the midst of what we may call very intense exacerbations, yet produces this mitigating effect on one or another of the ordinary symptoms of fever.

The tongue, in this disease, is never in a natural state: it is at first white, and afterwards becomes dry in the centre; and a dry fur, at length, covers the whole tongue. Occasionally the tongue, in the latter part of the disease, especially in milder cases, puts on a glazed and highly red appearance. The urine is, in general, very high coloured, and occasionally deposits a lateritious sediment.

The remissions generally take place in the morning. There are, however, great irregularities with respect to the time of the exacerbations: sometimes there are several slight paroxysms and remissions in the course of the day; at other times, there is only one great exacerbation towards the evening, which lasts the greater part of the night. When there are several paroxysms, in six hours the disease approaches very near continued fever; to which, indeed, we shall find, when we come to the description of that disease, that it generally bears some affinity, and into which it is very often converted, however distinct the remissions may have been at first.

When the remission occurs (and it often takes place after a very imperfect sweating stage), the skin becomes cool; but there is a peculiar harshness and dryness in the feel of it, which differs very distinctly from the coolness and softness of a healthy body.

I have been hitherto talking of the remittent fever which attacks adults, and is obviously referable either to marsh miasmata or certain sudden vicissitudes of temperature in the air, accompanied by moisture, and probably some other peculiarities not ascertained. The remittent fever of infants differs somewhat from the disease just now described. It attacks children, as I said before, between their birth and seventh or eighth year. It is characterized by the drooping and frequent whining and moaning of the child, by insatiable thirst, with either a loss of appetite or a morbid voraciousness, by extreme paleness and coldness at one time, and flushing or pungent heat of the skin at another; these heats being followed by perspiration, which, after the nocturnal exacerbation, is often very profuse. The tongue of a very young child indicates little, being always white; but after the child is two or three years old, it is found, in this complaint, to be at first white and moist, and afterwards furred and dry. The pulse also is, in children, so easily excited, that much less is to be thought of its simple frequency than in adults. The bowels generally discharge frequent watery, greenish, offensive motions. The urine is scanty, and high coloured. The remissions and exacerbations vary in number during twenty-four hours, generally occurring three or four times in that period; and the child's liveliness and dulness alternating with each other accordingly. The paroxysm gives him an artificial vivacity, which subsides into heaviness and dulness as soon as the remission takes place.

When this state of things has con-

tinued a few weeks, the child becomes habitually pale-faced and black under the eyes, his abdomen is swelled, his face and neck and limbs are emaciated, he becomes daily more and more debilitated; till, at length, his weakness becomes extreme, and his vital powers yield at last to the inveteracy of the disease.

DIAGNOSIS.

There is only one disease with which the merest tyro in medicine could confound remittent fever—I mean hectic; and it is scarcely possible for any one to mistake it for even this. In the first place, the suppuration which is the cause of hectic fever is generally manifest enough; but even in the few cases in which this is not evident, the complexion itself, of hectic, is so remarkable, that it is not easy to confound its florid hue with the livid, or sallow flushing of idiopathic fever. The yellowish skin, the intense nausea and sickness, the sense of weight at the pit of the stomach, the thick fur on the tongue, the brickdust-coloured settlement in the urine—are all symptoms of remittent, and not of hectic fever: if any of them occur in the latter, they are only accidentally present, whilst the greater number of them are scarcely ever absent in the former. Add to this, that the violent delirium which is so common in remittent fevers, is very rare in hectic. I should say also, that the sediment of the urine, when it appears in hectic persons, is pink, and not lateritious—(it consists of the purpurates, without the colouring matter of the urine).

The difficulty is, of course, at once cleared up, if any symptoms of abscess make their appearance. The doubt in forming a diagnosis only occurs when these are absent.

TREATMENT OF REMITTENT FEVER IN ADULTS.

In order to understand the treatment of this disease, it is necessary to have a vivid recollection of its pathology. This, we have seen, consists in such an intense determination and congestion in the intestinal canal and the adjoining viscera, as materially to deprave the functions of those organs: and, generally, such a sanguineous determination to the head, as to produce an early derangement of the functions of the sensorium. (The delirium, in aggravated cases of this disease, is such as to have the appearance of raving madness, to a superficial observer.) When, therefore, a medical man is called in, during the early stage of this disease, and finds his patient with a thumping pulse, a burning skin, suffused eyes, and flushed countenance, complaining of intense pain of the head, (which sometimes occupies the occiput, but more frequently the forehead,) with delirium; complaining also of a sense of weight and constriction about the pit of the stomach, with either vomiting of bitter, muddy, or greenish fluid, or intense nausea; if, by making pressure upon the region of the stomach or liver, although the intense pain of inflammatory action is not excited, yet a sense of dull but severe uneasiness is expressed by the patient—there can be but one opinion about the necessary treatment. Immediate and full venesection is absolutely necessary. The quantity of blood to be taken must be regulated by the patient's strength, and the intensity of the symptoms just mentioned. Some impression ought to be made on the pulse and other symptoms, or else the bleeding is useless. V. S. to from 12 to 20 ounces is generally necessary; and if the patient is not relieved, this V. S. may be repeated in eight or ten hours. It is remarkable, that blood taken in simple fever of this kind is seldom or ever buffy or cupped—I was going to say never so, but there are some descriptions of this disease in which the buffiness of the blood is said to have been observed. I cannot help thinking, however, in these cases, that the disease has either been itself inflammation of the liver, stomach, or brain, or else that active inflammation of those organs has been joined with fever. But after all, this question is practically of little consequence: all we mean to say is, that the symptoms of cerebral excitement may be very severe in this disease, and yet the blood drawn not exhibit the buffy coat.

You may ask whether bleeding would be necessary if the pulse were not full, the skin not pungently hot, and yet the other symptoms just mentioned were present? I should say, *undoubtedly*, if the disease were under treatment on the first few days of its attack; because the pulse is often deceitfully oppressed and small when determination of blood towards the head exists; but

I may say, after the second or third day of the disease, we must be more cautious about general bleeding: I mean, that we should not bleed unless the indications for it be very plain and distinct; for the powers of the body sometimes give way suddenly, after a large V. S. late in the disease;—but local bleeding is always admissible when any symptom of determination and congestion remains. Cupping and leeching may be used under these circumstances. Early in the disease, cupping behind the ears, or on the nape of the neck, may be prescribed for the purpose of relieving the head, particularly if the pain is at the back of the head. If it is general pain of the head, not referable to any particular part, or if it is chiefly in the forehead, twelve or fourteen leeches, applied to the forehead and temples, usually relieve the patient. If the congestion be in the chest, which is not unusual in this disease, either cupping or leeches may be used (after general bleeding); but if it is required to take blood from the abdomen, cupping is unadvisable, because it often fails in drawing blood, on account of the loose integuments rising into the glass.

Cold affusion (I mean the absolute pouring of water over the patient) is sometimes used to relieve the pungency of superficial heat. It is, however, often inconvenient, and sometimes, perhaps, unadvisable, as it necessarily disturbs the patient; but spunging with cold vinegar and water (one part vinegar and three parts water) is always practicable; and I think most practitioners are now agreed that it is nearly, if not quite, as refreshing and beneficial to the patient as cold affusion.

Cold applications to the head are indispensably necessary, as long as any heat or pain remains.

The most effectual mode of applying cold to the head, is by partly filling a large bladder with rough ice, and applying it to the head, which must be previously shaved, or the hair cut closely off. If the patient can bear it, he may keep it on half an hour, or longer; at first, he will not bear it so well as afterwards. If a bladder is not at hand, the ice may be placed between the folds of a napkin, and thus applied. If ice cannot be obtained, a cold lotion may be formed by dissolving ʒj. of muriate of ammonia in a pint of spring water, or by mixing one part vinegar and one part spirit of wine, with four parts water, or by diluting liquor ammoniæ acetatis with three parts spring water or rose water,—all these form cooling lotions, which may be applied, as occasion requires, to produce the same effects as the ice.

I have not hitherto said any thing about the use of blisters, because I do not think them of much service in the early stages of this disease. They can only be applied when the cerebral irritation remains after the other symptoms of excitement subside; then they may be applied, and sometimes with great advantage, to the whole head, which must be previously shaved: but I shall speak more fully of the use of this remedy when we consider the treatment of continued fever, in which they are of greater service generally than in this disease.

With respect to the medicines which I should recommend, I have to observe, that the great irritability of the stomach, which is a leading feature of this kind of fever, usually contraindicates the use of antimonial preparations; nor, indeed, are they much required, for as soon as the congestions, of which we have said so much, are relieved, the skin becomes immediately soft and relaxed, without the use of sudorifics. If, however, (which is sometimes the case,) the vomiting or nausea does not occur, antimonial powder may be prescribed with some little advantage, combined with that which must always be considered as our sheet-anchor in the treatment of this disease—I mean calomel.

Having taken blood generally, or locally, as the symptoms indicate, it is advisable immediately to give a full dose of calomel. When the vomiting is severe, nothing tends to allay it so immediately as eight or ten grains of calomel, mixed with a few grains of white sugar, and given in the form of a powder. This you will generally find will put an end to the vomiting in a very short time. In about four or five hours afterwards, provided the sickness has subsided, you may administer a senna draught. (By a senna draught I mean an ounce and a half of the infusion with a drachm of the tincture, and two or three drachms of Epsom salt.) If the vomiting has not stopped, it will be necessary to, repeat the calomel, and follow that in an hour or two, with either a moderate dose of senna or (what is

more easily retained on the stomach) two or three drachms of sulphate of magnesia, in mint water, with three minims of laudanum in each dose, which may be repeated every two hours, till it acts. A saline effervescing draught, with a drachm of tartrate of potass, and ℥x. of tinct. of hyoscyamus, is another form, in which a light laxative may be administered. If the vomiting, however, continues unabated, we must dispense with these remedies, and continue the calomel, in doses of three or four grains, every three or four hours, until some impression is made on the symptoms. In early cases, there is no harm done by its acting on the bowels to a certain extent, as well as on the constitution. If, however, the purging continues after the bowels have been thoroughly cleared, especially if the case is a protracted one, and the patient seems exhausted by the joint effect of the disease and the diarrhœa, it may be advisable to join half a grain of opium with every three grains of the calomel, as well with the view of checking the diarrhœa as of producing the constitutional effect of the remedy on the system, by which the febrile action is almost invariably subsided.

It sometimes happens in a recent case, that after the full effect of the first dose of calomel with the subsequent purgative, the disease seems at once to have given way, and the apyrexia appears so complete, that the bark or any other tonic may safely and advantageously be administered, the cure of the disease being thus at once perfected; but we must not expect such a result in the generality of cases. Where the disease still continues after the bowels have been well evacuated, remitting occasionally at irregular intervals, but not subsiding, it will be necessary to repeat the calomel, conjoined, when the stomach is not irritable, with two or three grains of antimonial powder, otherwise alone, until the functions of the abdominal viscera are restored to their natural state, and the tongue freed from its morbid covering of fur. Opium may be added, if exhausting diarrhœa occurs. I say, until the functions of these important viscera are amended, and not, as some have said, till ptyalism has been produced; because the former, and not the latter, is the object at which we are aiming; and if we can effect the cure without making the mouth sore, so much the better.

As soon as the tongue becomes clean, the disease is, as it were, converted into an intermittent fever; or, what is the same thing, the patient is in a state fit for the use of those remedies which are applicable during the intermission of an ague.

Bark may now be freely administered, in the same manner as we have recommended when we were on the subject of the treatment of intermittent fevers. Of course the substitutes for Cinchona before-mentioned may be administered also, as then suggested; and all these with the same regulations and restrictions as mentioned at that time.

The diet throughout the febrile state must be of the lightest kind; in fact, it must consist entirely of what are called slops*. When the intermission takes place, it may be improved; but it must still be rather light, consisting of a small quantity of easily digestible meat, with one or two glasses of wine, mixed with water.

[To be continued.]

PATHOLOGICAL AND SURGICAL OBSERVATIONS RELATING TO

INJURIES OF THE BRAIN.

By B. C. Brodie, F.R.S.
Surgeon to St. George's Hospital.

[Continued from page 139.]

Compression of the Brain.

If the dimensions of the cavity of the cranium be suddenly diminished, as in a case of fracture with depression of bone, or if the actual quantity of the contents of the cranium be increased, as in a case of ruptured vessel and extravasation of blood, the functions of the brain become impaired. This is a matter of experience and observation, about which there is no dispute. There may be, however, some difference of opinion as to the physiological explanation of the phœnomena which arise in such cases. It has been usually held that the substance of the brain is actually compressed; but Mr. Bell observes very truly,

* Farinaceous decoctions.

that we have no more right to believe that the substance of the brain admits of being compressed, than that water is compressible; and he infers, that what is called compression of the brain, operates not on the substance of the brain itself, but simply on its blood-vessels; lessening their diameter, and thus preventing that due supply of scarlet arterial blood which is necessary to a due performance of the vital functions. It is evident, indeed, that the effect which compression of the brain produces on its vessels, must be to a greater or less extent such as Mr. Bell has described it to be. It may, however, be urged on the other hand, first, that in some cases symptoms similar to those which arise from compression, take place where there is a preternatural determination of blood to the head; where the vessels, instead of being empty, are actually overloaded; and that in these cases the symptoms are relieved by drawing blood from the jugular vein, or from the veins of the arm; as if the pressure occasioned by too much blood in the vessels was productive of nearly the same effects on the brain, with that arising from blood in a state of extravasation: secondly, that, although we admit the substance of the brain to be incapable of being compressed into a smaller compass, yet that the effect of all pressure on it must be, and is, to alter the position and relative situation of the delicate fibres of which its minute structure is composed, and that we need seek no further explanation of the symptoms which are met with in these cases.

In whatever way compression of the brain operates so as to disturb the functions of that organ, it is difficult to explain wherefore the symptoms to which it gives rise are sometimes slight, and at other times urgent, although occurring under circumstances apparently similar. A depression of bone, which in one instance produces comparatively little effect, in another case occasions a manifest destruction of sensibility: and the same observation may be made respecting internal extravasations of blood. Every practical surgeon must have observed that there are differences in the symptoms produced, which are not to be accounted for by any difference in the quantity of pressure, nor in the particular part of the brain which is affected by it. At the same time it is undoubtedly true, that, for the most part, the patient suffers more from an extensive than from a slight depression; more from a large than from a small extravasation. There is reason to believe that pressure on the whole is more dangerous when it affects the lower part of the brain, than when it affects the upper part; and it has appeared to me that more urgent symptoms are produced by a given quantity of blood, when it is effused into the cells between the tunica arachnoides and pia mater, than when it is collected in one mass so as to produce a less general pressure.

Having made these preliminary observations, I shall proceed to consider the particular symptoms which arise from pressure on the brain.

1. *Pain in the head:*—The blow which occasions a fracture and depression of the cranium, or an extravasation of blood within the cranium, is likely to produce concussion of the brain also, and as pain in the head is a symptom of the latter injury, it may be a question, in many instances, to which of these two causes it is to be attributed. That intense pain in the head may, however, be wholly dependent on pressure on the brain, is proved by a case in which a patient under my care laboured under this symptom, and no other, except indeed that the pupil of one was preternaturally dilated. There was a fracture with depression of a very small portion of one parietal bone, and immediately on the depression being elevated, the pain in the head was completely relieved.

2. *Insensibility:*—which is sometimes incomplete, corresponding to what is observed in cases of concussion of the brain; the patient lying for the most part unconscious of what passes around him, but capable of being roused by stronger impressions on his senses; while at other times the loss of sense is perfect, so that the skin may be pinched, the flame of a candle may be held close to the eye, and the loudest voice may be uttered in the ear, without any evident effect being produced on the sensorium. Where the cause of these symptoms is a fracture and depression of bone, they shew themselves immediately after the infliction of the injury; but where they depend on an extravasation of blood, as, in many instances, the extravasation may take place slowly, so an interval of time, an

hour for example, may elapse before the patient becomes insensible. Not unfrequently there is insensibility, from concussion of the brain in the first instance; then the patient recovers, and afterwards, as the blood is gradually effused within the cranium, he relapses into his former state of insensibility. These observations were made first by Le Dran, and afterwards by Mr. Pott, and it is needless to remark how great is their importance, as connected with the diagnosis of these different kinds of injury. But even when pressure on the brain is actually established, the insensibility to which it gives rise is liable to some degree of variation. At one time it may be perfect; then the patient may shew some signs of consciousness, and then relapse into a state of perfect stupor. It may be observed, that there is especially an increase of sensibility after blood-letting, and that as the effect, which the loss of blood has produced on the circulation, subsides, so the sensibility becomes again diminished.

If these observations be correct, it is evident that there is not any such difference in the character of the insensibility produced by concussion, and that produced by compression of the brain, as will enable us at once, and in all cases, to distinguish these two kinds of injury from each other. Those who are led to take a different view of the subject, may indeed urge, that in some cases there is considerable pressure on the brain, without any symptoms at all; and that when, in a case of fracture and depression of the cranium, or extravasation of blood within the cranium, the patient lies with a partial loss of sense, this is to be attributed not to the actual pressure, but to the concussion of the brain, which the violence inflicted must necessarily have occasioned in a greater or less degree. I might, however, refer to several cases, to which this explanation cannot be well applied; but a single example will be sufficient. A woman received a blow on the head; after which she was able to walk home, complaining that her head was hurt, and that she had received her death blow. In an hour after the accident, she gradually became insensible. About fourteen hours afterwards, she was brought to St. George's Hospital, labouring under symptoms precisely corresponding to those which have been described by Mr. Abernethy, as arising from concussion. These symptoms continued, and even rather abated than increased, until the third day, when an aggravation of them took place, and she expired. On examining the body, eight ounces of blood were found effused underneath the dura mater. The circumstance of there having been no loss of sense in the first instance, and the interval of an hour which elapsed between the period of the accident and that of the occurrence of the symptoms, sufficiently demonstrate that they were the consequence of pressure produced by the hæmorrhage, and not of the concussion.

It sometimes happens, that there is a destruction of sensibility in one part of the system, while the general sensibility is impaired only in a slight degree. An old man was admitted into St. George's Hospital, who had been run over by a cart. There was a fracture, with a depression of one parietal bone. He was sensible, but slow in giving answers, and peevish; and it was observed that he was totally blind. Mr. Gunning removed a portion of the parietal bone with the trephine, and elevated the depression; but the operation produced no change in the symptoms. About thirty-six hours after the accident, the pulse became frequent, and he was delirious. He remained entirely deprived of the faculty of vision; believing that he saw imaginary objects, but totally unconscious of the existence of those which were actually before his eyes. At the expiration of the fifth day he died. On examining the body, the membranes of the brain were found to be inflamed, and smeared with pus and lymph. In the basis of the cranium, there was a transverse fracture extending across the sphenoidal bone, and the fractured edges were displaced in such a manner as to press on the optic nerves immediately behind the orbits, and to explain, in the most satisfactory way, the total loss of sight. Such cases as that which follows, are not very uncommon. A gentleman was thrown from his horse, and received a blow on the head. He lay with well-marked symptoms of compression of the brain, which, however, began to subside in a few days. In a short time, his general sensibility was completely restored, but

there was a numbness, or loss of sensation, of one hand, for more than a year afterwards.

3. *Paralysis*:—Here, as on other occasions, the same cause which prevents the brain receiving impressions from the nerves, prevents it also transmitting its influence through the nerves to the muscles. Where the destruction of sensibility is complete, the voluntary muscles are completely paralysed. In whatever position the patient may be placed, in that he remains motionless. The bladder, incapable of contraction, becomes preternaturally distended with urine; and the relaxation of the sphincter ani allows the involuntary discharge of fæces from the rectum. Afterwards, the muscles of respiration become affected also; the patient breathes with stertor, as in a most profound sleep; and the diaphragm contracts at longer and longer intervals, until respiration altogether ceases. It is this paralysis of the muscles of respiration, which, in ordinary cases of pressure on the brain, is the immediate cause of death. Where there is an imperfect loss of sense, there are often no marks of paralysis whatever. At other times, there is paralysis of one side of the body, while the muscles of the other side continue to obey the will as usual; and sometimes the paralysis is permanent. Dr. Hennen * gives an account of a patient who recovered with life from the effects of a fracture and depression of the left parietal, and left side of the frontal bone; but fourteen years afterwards, he was still paralytic in the opposite arm and leg.

Hemiplegia is, however, a much more rare occurrence, where pressure on the brain is the consequence of accidental violence, than it is in cases of apoplexy from a spontaneous rupture of a blood-vessel. The difference may reasonably be attributed to the different situation of the pressure. In cases of apoplexy, the extravasation is, for the most part, situated either in one of the ventricles, or in the substance of the brain; but after a blow on the head, the cause of pressure more commonly operates on the surface. Occasionally the paralysis is confined to one set of muscles, or even to a single muscle. There may be, for example, loss of motion in one hand, or a *ptosis*, or dropping down, of one upper eyelid. In cases of hemiplegia after an injury of the head, the paralysis is on the side opposite to that on which the pressure exists; at least I have never met with an exception to this general rule. The observation, however, does not apply to more partial paralytic affections. A young gentleman fell from a coach-box, and struck the left side of his head against the wheel of the carriage: he was not stunned, but there was an ecchymosis of the left cheek and temple, a copious discharge of blood from the left ear, and the muscles of the left side of the face were rendered paralytic. When he laughed, the mouth was distorted to the right side; and he was unable to close the left eyelids. The loss of power over the muscles was not attended with any loss of sensation, and was not permanent, the recovery of the patient being complete in about three months. It seems reasonable to conclude that in this case the cause of the paralysis was pressure produced by the extravasation of blood on the portio dura of the nerve of the seventh pair, by which the muscles of the face are supplied, and not on the brain itself. In like manner I have known a ptosis of the *left* upper eyelid connected with pressure on the inferior surface of the *left* hemisphere of the cerebrum, the pressure being so situated as to affect the nerve of the third pair immediately behind the left cavernous sinus.

4. *Convulsive actions of the Muscles.*—Where there is paralysis of one side of the body after an injury of the head, we sometimes observe convulsive twitches of those of the other side; but it appears to me to admit of a question whether this symptom ought to be regarded as the consequence of simple pressure on the brain. We find it occur in cases of punctured and wounded brain, where there is no pressure; and it so happens, where it has fallen under my observation in cases of depression of bone, or extravasated blood, and where the exact nature of the injury was afterwards ascertained, that the pressure has been always found to be complicated with wound or laceration of the substance of the brain.

The convulsive twitches to which I here allude are slight and only partial, and are to be distinguished from those

* Military Surgery, p. 304.

violent fits of general convulsions on which I shall have to offer some observations hereafter.

5. *Affections of the Pupils.*—The state of the pupils varies very much in cases of pressure on the brain, even under circumstances apparently similar. I have seen the pupils dilate with the absence, and contract with the presence of light, although the patient lay in a state of complete insensibility, and did not seem to be at all conscious of the impressions made on the retina. But this is a rare occurrence, and, for the most part, where the other symptoms of pressure are present, the pupils are insensible and motionless; being generally dilated, but sometimes contracted. It is not uncommon for the pupils to remain for a time in a state of dilatation, then to become suddenly contracted, and after remaining so for a longer or shorter time, to become again dilated —these changes taking place independently of light and darkness. I have observed especially, where the pupils have been dilated, that they have frequently become contracted immediately after the abstraction of blood; the dilatation returning as soon as the immediate effect of the blood-letting on the circulation has ceased. Dr. Hennen mentions a case in which blood was extravasated among the membranes of the brain, and in which the pupils were observed sometimes to become dilated with an increase, and to contract with a diminution of light. In a patient in St. George's Hospital, in whom there was an extravasation of blood on the upper part of the right hemisphere of the cerebrum, and no cause of pressure elsewhere, both pupils were insensible and motionless; but the right pupil was in a state of dilatation, and the left in a state of contraction. In another patient, in whom there was fracture and depression of the left parietal bone, the left pupil was permanently dilated, the right pupil being in a natural state. In a third case, in which there was a fracture and depression of the frontal bone above the right superciliary ridge, there was a dilatation of the pupil of the left eye; and again, in a fourth case, where there was a fracture and depression in the same situation as in the case last mentioned, and no cause of pressure elsewhere, both pupils were dilated and equally insensible, but immediately regained their sensibility and power of contraction on the depression being elevated.

As there may be general insensibility without the pupils being insensible to light, so there may be insensibility of one of the pupils without general insensibility, and even without loss of vision. A gentleman fell from his horse, received a severe contusion of the head, and was taken home, labouring under manifest symptoms of pressure on the brain. When, after the lapse of several days, these symptoms became somewhat abated, it was observed that the pupil of the right eye was dilated, and incapable of contraction; but his power of vision was unaffected. This symptom was accompanied with a ptosis of the right upper eye-lid, and a numbness of the right hand. I believe that nearly a year elapsed before the pupil was restored to its natural condition.

6.—*Affection of the Circulation:*—If concussion of the brain be capable of disturbing the action of the heart, it is not remarkable that the greater injury arising from pressure should produce its effect on the circulation also. The effect, however, is not constant; and sometimes even where the other symptoms of pressure exist, there is no alteration of the pulse. Mr. Abernethy has observed that intermission of the pulse is a less frequent occurrence in cases of compression than in those of concussion of the brain. However that may be, I believe it will be found that pressure on the brain for the most part affects the action of the heart; not by producing actual interruption, but by causing its contractions to be either less frequent, or less forcible than natural. The influence of pressure on the brain on the circulation is sometimes very manifest in cases of depression of the bone of the cranium, where the depression is relieved by an operation. A child, three years of age, was admitted into St. George's Hospital having an extensive fracture of one parietal bone, extending into the adjoining portions of the temporal and occipital bones. Towards the posterior part of the parietal bone there was a considerable depression, with laceration of the membranes of the brain and of the brain itself. I assisted Mr. Gunning in an operation in which he removed a portion of the bone with a saw, and elevated the depression. Previously to the operation the pulse at the wrist was

barely perceptible, but immediately afterwards it became distinct, and beat with considerable strength. A gentleman who held the child's hand during the operation observed the pulse to be suddenly restored at the very instant of the depression being elevated. Another patient (a man) was admitted into the hospital having a fracture with depression of the right side of the frontal bone extending into the right parietal. The pulse beat no more than forty times in a minute, but immediately on the depressed bone being elevated it rose to sixty in a minute.

7. *Sickness and vomiting:* — These symptoms occur in some cases of pressure on the brain from injury, but it may nevertheless admit of a question whether they should or should not be referred to the actual pressure. The same injury which occasions a fracture and depression of the cranium, or an extravasation of blood within the cranium, is likely to produce concussion of the brain also. In cases where the symptoms of pressure are the most distinct, and there is complete insensibility, there is no disposition to vomit; and where I have had occasion to apply the trephine on account of a fracture and depression, and there was no sickness previously, I have sometimes known the patient to become sick and vomit immediately on the depression being elevated.

The symptoms of pressure on the brain vary in different cases, not merely as they may exist in different degrees, but as they happen to be variously combined with each other. We find also that there is a great difference as to the period of their duration. Of two individuals, in whom the early symptoms appear to be equally urgent, one may die in the course of three or four hours, and another may survive for several days: and among those who recover, we may find some in whom the symptoms wholly subside in the course of a few days, and others in whom some remains of them exist after the lapse of several months, or even of years. Even in fatal cases the symptoms are not in every instance uniformly progressive, and it is not very unusual for them in some degree to subside, recurring afterwards with increased severity.

Where blood-vessels have been ruptured or wounded in other situations, secondary hæmorrhage occurs in some instances at the end of a few days from the period of the injury having been inflicted. Does secondary hæmorrhage ever occur within the cavity of the cranium? In one case, which came under my observation, I was led to believe that this actually happened, causing sudden death after three or four days of apparent convalescence. As I have met with no other instance of the kind, I conclude that such occurrence is very rare; but probably it would be more frequent, if it were not that in the practice of modern surgery a very strict antiphlogistic regimen is usually pursued for a considerable time after the occurrence of the accident. The following is a brief outline of the case to which I allude.

A man, thirty-five years of age, on the afternoon of the 8th of November, fell from a cart and struck his head against the pavement. A medical practitioner in the neighbourhood bled him, and he was afterwards brought to St. George's Hospital talking and reeling like a drunken man. He was again bled. On the following day he complained of head-ache, but was otherwise well. He continued without any symptoms until five in the morning of the 12th of November, when some of the patients in the same ward heard him talking incoherently. The nurse called the house-surgeon to him; but before he could arrive the man had become insensible, and was found lying motionless, with stertorous respiration and dilated pupils. Blood was taken from the arm, but the symptoms were not relieved, and he died in about half an hour after the commencement of the attack. On examining the contents of the cranium after death, a thin layer of blood was found extravasated in the cells between the tunica arachnoides and pia mater, where those membranes cover the posterior part of the two hemispheres of the cerebrum. In the lower part of the right anterior lobe of the cerebrum the substance of the brain had been ruptured, and underneath this part, between the dura mater and tunica arachnoides, there was a collection of about two ounces and a half of blood. This last had all the appearance of a recent extravasation, and seemed to afford a satisfactory explanation of the sudden alteration in the symptoms which immediately preceded the patient's dissolu-

tion; the hæmorrhage in the first instance having in all probability been checked by the blood-letting which was resorted to both immediately after the accident, and on his admission into the hospital.

[To be continued.]

MEMOIR

ON THE

OBSTACLES PRESENTED TO DELIVERY BY THE MALFORMATION OF THE FŒTUS*.

By A. Duges,

Professor to the Faculty of Medicine, Montpellier.

We shall speak, first, of the obstacles presented by excess of size of the whole or part of the fœtus—as hydrocephalus, dropsy, &c. and, secondly, of the difficulties resulting from the addition to the body of the child of some part of another fœtus, or the partial union of twins.

Excess of Volume.

There can be no doubt but that the size of the child, when considerable, may render the labour more slow and painful, particularly if the passage is but little dilated, and not sufficiently supple, as in a first confinement; or if the pelvis be rather narrow; and still more if to these be added an unfavourable position. But, independent of these accessory circumstances, it may be stated, that a large size of the child, provided its body be well proportioned, is never an entire bar to the spontaneous completion of labour. It is difficult, indeed, for a fœtus to exceed certain limits in its growth: either the uterus would resist a distention greater than it receives at the full period, under ordinary circumstances, and then the child would perish from the pressure, or else this organ, incapable of sustaining the expansion produced by the preternatural dimensions of its contents, would open and expel them. Children are said to have been born measuring 23 or even 25 inches from the vertex to the heels. These dimensions, however, have, no doubt, been made by guess, and as approximations: the last, indeed, would equal the stature of a child a year old. The general length is 18 inches, and the extreme would appear to be 22. I have seen an infant born of this last dimensions, and, next day, another a little less: the latter being 20 inches; it was plump, and weighed nine pounds and a half—the first born weighed about a pound more. Twenty-two inches from the vertex to the heels, then, may be stated as the extreme size of a well-proportioned fœtus; and it is easy to prove that the head of such a one will not exceed the dimensions of an ordinary pelvis. In fact, we know that the head of the fœtus, in passing the superior isthmus, always, in natural cases, performs an evolution which brings into relation with one of the oblique diameters of the isthmus its *occipito-bregmatic* diameter, which would not, even in the case we suppose, exceed four inches, or rather less. Now this is six lines under what is generally assigned to the part it has to pass through. The opposite oblique diameter is there presented to the bi-parietal, which is about the same length as the other. The occipito-frontal is not really presented to the abdominal isthmus of the pelvis, except in imperfect positions; and the same remark applies *à fortiori* to the occipito-mental diameter. These alone can present powerful obstacles to spontaneous labour: the former, indeed, is about five, and the latter five and a half inches. These unfavourable diameters may present in labours where the feet have come down, and when ill-directed efforts have been made by pulling to facilitate the delivery. The natural efforts alone would scarcely produce this inconvenience, as M. Desormeaux has shewn, because they would produce an evolution analogous to that which takes place in the presentation of the vertex. This was completely proved in the case above-mentioned, where the fœtus measured 22 inches: the limbs and trunk were easily extracted, and efforts made to accomplish the delivery by pulling—but without avail. On leaving the patient for some time without assistance, the head was spontaneously expelled.

It is principally when we are obliged to turn an infant of large stature that great difficulty is experienced; and it is then that redoubled care is necessary, to avoid suffering the arm to cross the neck—to turn the face first towards one side of the pelvis, then towards the sa-

* Memoires de l'Academie Royale de Médecine.

crum, and to depress the skin in such a manner as to render the sub-occipito-bregmatic, and the bi-parietal diameters, alone parallel to those of the narrow parts of the pelvis, and to the external organs.

I do not speak of the other indications which may present themselves, in the application of the forceps, &c.—the difficulties arising here, from the disproportion between the head of the child and the pelvis of the mother: it is evident that the precepts are the same as for the first degree of narrowness of the pelvis. I merely wish to speak of the diagnosis.

Of all the means which may lead to the discovery of a fœtus being larger than natural, none is either certain or easily applied; and none, therefore, is unequivocal, except the expulsion of one of the members before the rest of the body. The size of the abdomen after the escape of the waters, the uniform nature of the tumor it presented before, contrasted with the inequalities to be felt through the parietes of the uterus and abdomen—such are the marks which will tend to distinguish the case in question: first, from the distention produced by the waters, and, secondly, from the existence of twins, which give to the abdominal tumor a *bilobed* form, and in which we hear the heart beating in two different parts of the womb.

To these data we ought to endeavour to add the measurement of the part which presents—of the head, for example. Various contrivances have been suggested for this purpose, the accuracy of which I doubt. The simplest instrument is the finger, introduced per vaginam; but how deceitful is this method to an inexperienced practitioner! He who is only accustomed to judge of the dimensions of the head by sight, cannot be persuaded but that one, the surface of which he feels in the pelvis of the mother, is immense. Practice easily dissipates this illusion; and a finger accustomed to it is the best gauge of the size both of the head and the parts it has to pass through. It cannot only be passed along the former, but it can compare it with the circumference of the upper isthmus—judge how much it fills of this aperture, in what degree it presses upon its parietes, &c.; and it is always the *relative* proportion on which depend the practical results. In these investigations it must not be forgot, first, that the tumefaction of the integuments of the cranium often increase its volume as to height; secondly, that this tumefaction, as it were strangulated by the orifice, or by the arch of the pubes, always constitutes a portion of a much smaller sphere than the entire head; thirdly, that, in the first period of the labour, the head, not yet moulded to the parts, presents all the extent of its upper or vertical oval; fourthly, that, at a more advanced period, it is the occiput which becomes more particularly accessible to the finger. By overlooking these circumstances one would be led to think the head larger than it really is, in the first and third case, and smaller in the second and fourth.

The above remarks also apply entirely to excess of size, limited to the head, without any real disease of that part. Thrombus, to a considerable extent, beneath the skin of the cranium, sometimes deserves attention: less, however, on account of the increased size of the head, than from the deformity which it produces interfering with rotation; for example, when the tumor is engaged under the arch of the pubes, and becomes, to a certain extent, moulded to the parts. It would be still more difficult with the infiltrations which take place while the integuments of the head are putrid; and this circumstance only deserves notice on account of the great size which the distended integument sometimes attains. It might then, indeed, give rise to the idea that hydrocephalus existed; from which, however, it may be distinguished by its softness; by the fœtid discharge from the uterus; by the facility with which it accommodates itself to the dimensions of the passage which it traverses, &c. There can be no doubt but that this has constituted the majority of the cases of *external* hydrocephalus mentioned by the older writers.

Case of Voluminous Head—Prolapsus of the Cord—Turning.

F. Mathe, aged 41, arrived at the full period of her second pregnancy, without any other inconvenience than considerable constraint in walking. She was brought to the Maternité at midnight. The os uteri was almost completely diluted, and perfectly soft; the vertex presented in the first position, and a portion of the umbilical cord, retaining its pulsa-

tion, floated in the vagina. The waters continued to come away at intervals. To obviate the danger resulting from the compression of the umbilical cord, recourse was had, without delay, to turning. This operation was began without difficulty, in the usual way, and the extraction was easy until the head came into opposition with the superior isthmus, but it was then arrested by an unforeseen obstacle: in vain were gentle efforts made by laying hold of the shoulders and lower jaw; already the application of the forceps was in agitation, when a pain, aided by gentle pulling, perhaps better directed than before, produced the expulsion of the head, the great size of which afforded some explanation of the difficulty which had been experienced. This head was exactly five inches from the front to the occiput, and four across the temples; yet the child did not weigh altogether more than seven pounds and a half. It only lived a quarter of an hour. As to the mother, the placenta had scarcely come away when she began to complain of acute pain in the loins, which, increasing, became fixed in the sacro-iliac symphysis, and afterwards in the symphysis pubis. On examination per vaginam, it was found that a separation of the bones had taken place at this last, to the extent of two or three lines. Local and general antiphlogistic remedies, such as leeches, cataplasms, baths, and venesection, diminished these symptoms by degrees; at the end of a month the patient walked, but the convalescence was very slow, although it at last ended in complete recovery.

[To be continued.]

SPONTANEOUS EVOLUTION OF THE FŒTUS.

To the Editor of the London Medical Gazette.

Sir,

In consequence of a paper, written by me, which appeared in the Medical and Physical Journal for February last, and subsequently copied into the Medical Gazette, "on the Spontaneous Evolution of the Fœtus," I have received various communications from practitioners in midwifery upon the subject; a subject which it must be acknowledged is extremely interesting both in obstetric pathology and practice; and among others, the following case, the authenticity of which cannot be questioned. I have a two-fold motive in sending it to you for publication: first, because it is an additional testimony in favour of the correctness of the view taken of the spontaneous evolution of the fœtus by Dr. Douglas, Dr. Gooch, and myself, as opposed to the theory of Denman; and, secondly, because it proves the unfitness of a person to undertake the responsible duties of an accoucheur who had not previously acquired a competent knowledge of the principles of obstetric science; hence the utility of a public examination.

"J. P. ætat. 30, pregnant of her second child, was seized, on Saturday the 24th of May last, with the usual symptoms of labour. In the evening of that day she sent for her medical attendant, who (after having made the usual examination) observed to the patient and her friends, that every thing was going on well, the presentation being natural, and that time only was wanting to accomplish the delivery. Having remained with the patient the whole of the night, and finding in the morning that the pains had somewhat subsided, he proposed leaving her for a few hours, and to be called again as soon as they should return. In the evening he was again sent for, and on his arrival, finding the labour had not advanced, he pronounced the case to be one of extreme danger; and that it had become necessary to turn the child, in order to effect the delivery. After many ineffectual attempts, he at length succeeded in bringing down an arm, and then led the friends to expect a speedy termination of the case. It will scarcely be credited that twelve hours were spent in *pulling at the arm*, in which he occasionally had the assistance of one of the attendants present. The crotchet was now fixed in some part of the body of the child with no better success; and after fifteen hours altogether of great exertion on his part, (to say nothing of the sufferings of the poor woman) he confessed he could do nothing further, without the assistance of a more experienced practitioner. Having written a hasty note, a messenger was dispatched to an established practitioner, residing at a distance of seven miles, requesting his attendance with all possible expedition. It appears, that after the departure of the

messenger, the gentleman in attendance did not again meddle with the case. After, however, about two hours had elapsed, the uterine efforts being powerfully exerted, one of the women in attendance raised the bed-clothes, in order to ascertain whether any change had taken place, when, to her surprise, she discovered that the feet had also passed through the os externum. The practitioner was immediately called, who grasped them with his hand, and, after a little exertion, the friends had the satisfaction of seeing the patient delivered of a dead child, and which afterwards presented to their view a fracture of both arms, with a total abolition of the cuticle from one, and a lacerated wound below the clavicle in the other, inflicted by the crotchet. Nothing can be more conclusive than that the delivery was ultimately accomplished by what is termed the spontaneous evolution of the fœtus."

The above case was sent to me by a gentleman who has been for 30 years engaged in extensive midwifery practice in the country.

I have the honour to remain,
Sir,
Your obedient servant,
GEO. JEWEL.

24, Sackville-Street, Piccadilly,
July 5, 1828.

TREATMENT OF ERYSIPELAS.

To the Editor of the London Medical Gazette.

SIR,

IN looking over Mr. Lawrence's paper on Erysipelas, in the last volume of the Medico Chir. Transactions, I find that that gentleman has been led into an error in relating the case of a medical student, in which I requested the benefit of his opinion. The particulars of the case are correctly detailed in an abstract of a Clinical lecture, which I published in the Med. and Phys. Journal for January 1827. The following passage, to which I allude, occurs at page 75, line 14, of Mr. L.'s paper:—"The treatment by incisions, or leaving the patient to certain death, seemed *to me* the only alternative that the case presented; and Mr. Earle readily acceded to my proposal of the former, although he said that he had had no experience of the practice." Mr. Lawrence must have totally misunderstood the conversation I had with him before he visited the patient, as he states that I called him in, not with the expectation that any thing could be done, but to diminish my own responsibility. So far from conceiving that nothing could be done, I had determined to pursue the practice which was afterwards adopted, and mentioned my intention to the father and friends of the patient: but I was desirous of having Mr. Lawrence's concurrence to the propriety of the measure, under the peculiar circumstances of the case. If I had not met with Mr. Lawrence at the hospital, it was fully my intention to have returned and incised the arm, without burthening Mr. Lawrence with any portion of the responsibility. It is true that I stated in the carriage, to Mr. Lawrence, that I was anxious for his opinion, as I had never pursued the practice of incision in a case arising from the absorption of morbid matter; but at the same time, I mentioned, that under nearly similar local circumstances, I had employed it several times with marked success, but never in a case following a wound from dissection. Mr. L., in reply, acknowledged that he did not recollect having employed it under such circumstances. So far from my not having had any experience in this practice, I beg leave to state that, so early as 1811, I had employed it successfully in two cases of cellular inflammation, following venesection, which cases I related at the Westminster Medical Society; and, if I mistake not, some notice was taken of them in some of the ephemeral publications of the day. I have subsequently employed the practice of moderate incisions in several cases long antecedent to any of the cases published by Mr. Lawrence, whose earliest recorded case bears the date of 1825. But I would beg particularly to recal to Mr. Lawrence's recollection the case of a near relation of mine, who died in Essex, in consequence of a wound in his thumb from a gun-flint, which was succeeded by most destructive cellular inflammation of the arm. This case, which occurred in December 1820, was seen by Mr. Brodie, and incisions of four and six inches in length were employed. As I was deeply interested in the case, I mentioned it to many of my professional

friends, and well recollect conversing with Mr. Lawrence on the subject.

I should not have deemed this erroneous statement as worthy of being noticed, but that after the paper was read, and some time before it was sent to the printer's, I pointed out the mistake to Mr. Lawrence, who has not thought proper to correct it.

Before concluding, I beg to make one observation relative to the objections which Mr. L. makes to my calling this affection "cellular inflammation" — "an application," says Mr. Lawrence, "that would be ambiguous, inasmuch as the adjective might denote either the seat or nature of the inflammation."— It is worthy of remark, that a similar objection was raised against the term cellular in the number of the Lancet which appeared immediately after the publication of the clinical remarks. "Besides," says the Editor, "the term cellular inflammation, means inflammation composed of cells."!!! In reply to these hypercriticisms, I need only observe, that no one possessed of plain common sense could possibly misinterpret the meaning which I have affixed to these terms, if they would take the trouble to read the explanation which I have offered. But, Sir, I am saved the necessity of entering further into any defence of this term, by Mr. Lawrence having adopted it at page 17, only five pages before he censures my appellation as ambiguous. This is the more remarkable, as in the passage in question Mr. Lawrence purports to give his definition of the nature of erysipelas. You will find at page 17, three lines from the bottom, the following passage:— "Erysipelas, then, is merely a particular modification of cutaneous, or *cutaneous and cellular inflammation*;" or, to use the language of the Lancet, an inflammation composed of skin and cells.

I am, Sir,
Your obedient servant,
HENRY EARLE.

George-Street, July 5, 1828.

COLLEGE OF PHYSICIANS AND DR. HARRISON.

To the Editor of the London Medical Gazette.

SIR,

PERMIT me to offer a few observations on the letter of your correspondent, Aretæus, published in the Medical Gazette of July 12th. The object of his remarks seems to be, to prove that the College of Physicians has been defeated by Dr. Harrison, in the recent action in the Court of King's Bench. These are his words:—

"Dr. Harrison defies the powers of the College. The College accept the challenge. The trial takes place—the parties are heard. Dr. Harrison gains the cause. This, to a man of common sense, sounds very like the settlement of the question."

Such an inference is either very mistaken or very disingenuous. Dr. Harrison gained no cause—established no principle. He only *escaped* being subjected to the penalties for *illegal* practice of physic, by alledging, through his counsel, that he practised surgery. It would be quite as reasonable to say that a man committing an assault, who *escapes punishment* because the prosecutor cannot bring witnesses of the fact, had settled the question that there was no power in the law to punish the commission of such an offence.

In another part of the letter, Aretæus says, "that Dr. Harrison simply undertook to prove that the terms of the charter did not give to the College of Physicians power to prevent him from practising."

Now, Sir, Dr. H.'s private and public assertions were widely different from this: he maintained that the College charter was illegal; that the College derived no power from it to prevent *physicians*, graduates of foreign universities, from practising *physic* in London, without previous examination and license from the College. He stepped forward, like Goliah, before the army of the Philistines, daring and bravadoing the College to bring their power into action. Now it is a matter of notoriety, that the College of Physicians can only act towards physicians; over surgeons they pretend to no power. Had Dr. Harrison, after boasting of his disposition to "afford every facility,"

abided by his pledge, nothing could have saved him from being fined for practising illegally. He forfeited his pledge by affording no facility, and his counsel only saved him by asserting that he practised surgery, performed manual operations, and was, *de facto*, a surgeon. With Mr. Surgeon Harrison, manually practising, the College could have nothing to do; and the profession and the public have so loudly and so unanimously declared their opinion of the meanness of the defence set up by his counsel, when contrasted with the boastful confidence of his defiance, that more need not be said on the subject, except that, after this Parthian defence, the College might well apply to the defendant the words of Turnus to Drances:

An tibi Mavors
Ventosâ in linguâ pedibusque fugacibus istis
semper erit?

If, after the recent trial, Aretæus and his friends, the *soi-disant* independent physicians, still believe that the College have no right to recover a penalty from persons illegally practising physic—that is, persons who have not been examined and licensed by the London College—let them call to mind the last sentence of the charge of the Lord Chief Justice Tenterden to the jury, on the recent trial:—"If you believe that the defendant (Dr. Harrison) has practised physic for more than one month, you MUST give a verdict for the plaintiffs; if you believe that he has practised *only surgery*, the defendant must have the benefit of the verdict." Would it not be wise for the non-conformists, or independents, to write these words in gold in the cave in which they hold their meetings, to deter them from rashly encountering the penalty of the law, affirmed by so accomplished a judge as Lord Tenterden?

Again, should they still doubt the existence of the law, and be so unfortunate as to bring a civil action for any of those incivilities called libel, assault, &c. they will find that they must depose their degree before they enter a court of justice, or be non-suited; as the law does not recognize them as physicians unless they have been examined and licensed by the London College. This has repeatedly occurred. Aretæus says, he shall be satisfied, if a new trial be granted, and the parties heard again, that the question is not settled. This is, again, from the operation of his "common sense;" for had he condescended to inquire the law, he would have found that it has been ruled for nearly a century, not to grant a new trial in a *qui tam* action, in which a verdict has been given for the defendant.

But let Aretæus, or any of his friends, furnish the College with indisputable proofs of Dr. Harrison's practice as a physician, and he will see that the question will be very fully settled, by the College recovering the penalty of five pounds for every month of such practice.

A few words more before we part. Aretæus concludes his letter thus:—

"It remains to be inquired what is the situation in which the College now stands, relatively to the public and the practising physicians in London not members of that body?" This, he says, he will investigate in a future letter. Now it is possible that a few remarks may assist him in his investigation: he is welcome to the following, which, he may depend upon it, are strictly correct.

The members of the College of Physicians will not meet, in consultation, any of the persons alluded to until they have been examined and licensed by the College.

They will doubtless adhere both to the spirit and letter of their published declaration, not to desist from any prosecution against such persons practising as physicians without a license, where, in the opinion of their legal advisers, there is sufficient evidence of the fact of practice to go to a jury.

They owe to the public, and those gentlemen who have been examined and licensed by them, to maintain their rights firmly, but temperately; to do nought in malice or violence; satisfied that the power vested in them, which has been recognized by the highest legal authorities from Lord Coke downwards, is sufficient and perfectly ready to submit to the difficulties of proof with which every penal statute is necessarily and justly surrounded.

I remain, Sir,
Your obedient servant,
MEDICUS.

London, July 12th, 1828.

MEMOIR

ON THE

DISLOCATION OF THE HEAD OF THE RADIUS.

By C. Aston Key,
Surgeon to Guy's Hospital, &c.

Read at the Hunterian Society, July 2, 1828.

Having been led, in the course of some investigations into the subject of dislocations, to pay particular attention to the circumstances attending *dislocation of the head of the radius forwards*, and having noticed some facts connected with this accident not hitherto described by authors who have written on the subject, I venture to lay them before the Hunterian Society.

It need scarcely be observed that, to those who are much engaged in practical surgery, this accident is known to be so difficult of reparation as frequently to have resisted attempts at reduction under the most judicious hands; and for the information of those who have not witnessed this accident, and who are therefore not aware of the difficulty of reducing the bone, it may be sufficient to quote the highest authority on the subject, that of Sir Astley Cooper, who mentions in his work on Dislocations, that he has himself witnessed six cases of this accident, four of which were unreduced dislocations. He adds a seventh case, which had also been left unreduced. Of these five (out of seven) unreduced cases, one occurred under the late Mr. Cline, "who, after the most varied attempts that his strong judgment could suggest, failed to reduce the bone; and the woman was discharged from the hospital with the dislocation unreduced." Another of the unsuccessful cases occurred to Sir Astley Cooper, who, "after continuing and varying the extension for an hour and a quarter, could not succeed in effecting a reduction *."

The issue of these cases, under the hands of surgeons so eminent for a knowledge of their profession, is sufficient to shew the difficulty attending the reduction, and to prove the importance of the subject; but at the same time it would also lead us to suspect, that either the nature of the dislocation, or the principle of reduction, must be imperfectly understood.

In the dislocation forwards, the head of the radius is said to be thrown upon the external condyle of the humerus, and to lie over the coronoid process of the ulna; and in a dissection of an old dislocation of the kind, Sir Astley Cooper describes the head of the bone as resting in a hollow above the external condyle. In order to understand the nature of the dislocation, and the manner in which the muscles act in preventing reduction, I endeavoured to dislocate the head of the radius forwards on the external condyle, having first divided the coronary, capsular, lateral, and oblique ligaments; and also a portion of the interosseous: notwithstanding this free detachment of the head of the bone, I found that the radius could not be moved upwards toward the external condyle by any force that I could employ; nor indeed can such motion be given to the bone while the connexion between the radius and the carpus remains entire. Complete dislocation at its carpal extremity is requisite to allow this upward movement of the radius, which the fibres of the interosseous ligament alone can prevent.

The commonly received opinion as to the situation of the head of the radius arises from two circumstances; the striking of the head of the bone against the fore part of the humerus in the flexion of the fore-arm; and the examination of unreduced dislocations, in which the head of the radius is apparently lodged on the external condyle of the humerus. These circumstances, however, only take place in certain positions of the arm, as will be seen when the nature of the dislocation is understood.

A close examination of the several circumstances attending this dislocation, combined with the impossibility of the radius being thrown on the condyle of the humerus, will shew, that the head of the radius passes forward upon the coronoid process of the ulna, resting upon that process and upon the tendon of the brachialis internus muscle; and a farther investigation will also explain the difficulty of the reduction, as well as the appearance which the limb assumes under the accident.

The signs of this dislocation, as correctly described by Sir Astley Cooper,

* Sir Astley Cooper on Dislocations, page 420, 3d Edition.

and as witnessed in one case by myself, are threefold. First, the arm cannot be perfectly extended. This arises from the brachialis internus tendon being compressed by the head of the radius, which thereby limits the extension of the fore-arm. Secondly, the power of flexion is limited to nearly a right angle, in consequence of the head of the radius striking against the brachialis internus and fore-part of the humerus, when the fore-arm is bent. It is to be observed, that in the flexion and extension of the fore-arm, the displaced head of the bone follows the motions of the coronoid process of the ulna, retiring from the humerus when the elbow is extended, and in the flexion of the joint moving with the coronoid process towards the humerus. Thirdly, the limb is in a state of semiprivation, being more or less fixed in that position; and any attempt at rotation is attended with difficulty, and productive of pain. When we look for a cause of this fixed condition of the limb in the action of some of the muscles, we find the pronator teres and biceps relaxed, and the supinator brevis in its natural state. Muscular contraction, therefore, does not appear to fix the head of the bone in its new situation; but in the extended state of the interosseous ligament will be found to exist the principal, if not the sole, difficulty of reduction.

Attempts at reduction have always been made under the impression that it was necessary to disengage the radius from the external condyle by extension. It must be apparent, from the situation of the radius on the coronoid process of the ulna, that extension alone can effect nothing towards the reduction. Nor, indeed, is the principle on which extension by the hand is adopted, correct; for extension by the hand cannot be made to act on the radius independently of the ulna: as long as the ligaments connecting their carpal extremities are entire, they are virtually on bone, and are equally extended by a force acting through the medium of the carpus. It is, however, true that this dislocation has been reduced, while extension has been forcibly made, as in a case of Sir Astley Cooper, in which he placed the arm bent over a sofa;—but in this position of the limb, it is highly probable that forcible supination was at the same time taking place—a movement calculated to reduce the dislocated bone when it is not much advanced on the coronoid process. But that extension, as a means of reduction, is inadequate, is proved by the circumstance of five out of the seven cases given by Sir Astley Cooper having been left unreduced.

The impediment to reduction appears to be a band of the interosseous ligament, about one-third down the fore-arm, which is violently stretched by the separation of the radius from the ulna, and retains the head of the radius on the coronoid process. Upon the extent to which the interosseous ligament is torn, will depend the ease or difficulty of the reduction. In cases where the interosseous ligament is extensively torn, and the head of the radius not firmly bound down, supining the hand, while the head of the bone is pressed outward, will enable the surgeon to replace it. But in a more difficult case, when the supination of the limb fails, in consequence of the tension of the interosseous ligament, the surgeon can convert this opposing band of ligament into an *auxiliary* in the attempt at reduction, *by forcibly pronating the hand.* This can be understood by observing the twisting of the interosseous ligament, in the ordinary position of the dislocation, and the effect of supination and pronation upon its fibres. In supination, the lower fibres of the ligament are relaxed, while the upper are rendered tense; in pronation, the contrary takes place. The first attempt at pronation is attended with difficulty; but as soon as the spine of the radius becomes turned toward the ulna, the interosseous ligament draws the head of the radius outward and backward into its place. Some assistance may be obtained by pressing the head of the bone outward, and bending the arm, to relax the brachialis interior muscle.

ANALYSES & NOTICES OF BOOKS.

" L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

1. *On the Curative Influence of the Southern Coast of England, especially that of Hastings; with Observations on the Diseases in which a Resi-*

dence on the Coast is most beneficial. By W. HARWOOD, M.D. London. 1828.

2. *A Dissertation on the Nature and Properties of the Malvern Water, and an Inquiry into the Causes and Treatment of Scrofulous Diseases and Consumption.* By W. ADDISON, Surgeon. London. 1828.

WHEN Smollett, who was himself a physician, placed his illustrious hero, Ferdinand Count Fathom, as an aspirant for medical practice at Tonbridge Wells, he could not let slip the opportunity of exposing, with his caustic pen, the various tricks usual on such occasions; and, amongst others, did not overlook the hackneyed one of analysing over again the often analysed mineral waters, and claiming the discovery of new powers of eradicating diseases. Thus, at the present day, volumes are repeatedly circulated, containing some new medical settler's account of the waters: they are laid out on the tables of coffee-rooms and libraries, and, of course, the distinguished authors are searched out and consulted by the οἱ πολλοὶ who fancy that a man must be a prodigiously clever man, because "he has written on the subject." There are, no doubt, many works of this description which are of a different character, and which contain matter well deserving of notice; but, unfortunately, very few would take the trouble of searching for jewels in such unsuspected situations. We remember a work on the Bath waters, a few years ago, by Dr. Barlow, which contained some very ingenious observations, and which we should not regret to see published in a better vehicle. We have no particular fault to find with the volumes of Dr. Harwood or Mr. Addison; and to any one who wishes to obtain information on the salubrity of Hastings, or of Malvern, we can refer them safely to the works before us. Dr. Harwood has described the general effects of sea air and sea bathing, with the peculiar advantages of Hastings, and has given some observations on the diseases in which the coast residence is most serviceable, with precautions as to the plan of treatment most desirable. The list of diseases is so extensive, that we must suppose there will be no dearth of patients attracted by the advantages which are held out to them, and we would particularly recommend a speedy journey to Hastings of all those (not being our own peculiar property) who are afflicted with indigestion, hypochondriasis, acute or chronic rheumatism, gout, consumption, winter cough, asthma, hæmoptysis, diseases of the liver; those suffering from complaints produced by mercurial medicines, from excessive loss of blood, or other debilitating causes; diseases of children, scrofula, rickets, marasmus, spasmodic diseases, hooping-cough, measles, diseases of the skin," &c. &c. whilst, for all female diseases, there is a powerful chalybeate spring in the immediate vicinity. The learned doctor's work is so frequently interlarded with quotations from the ancients, that we have no doubt but that it will produce a very decided impression.

Mr. Addison's Dissertation is on a somewhat similar plan. He first describes the beauties and attractions of Malvern, and particularly the nature of its waters, and remarks upon their long-established character in scrofula, glandular obstructions, old and fistulous ulcers, nephritic disorders, skin diseases, and thoracic affections. He attributes the benefit experienced in such cases partly to the salubrity of the air, and partly to the extreme purity of the water; not believing that it contains any particular ingredients in sufficient quantity to produce much effect. In Dr. Wall's time it was the fashion, in many of these cases, to keep the patients constantly wet, clothes and all, for many weeks, with the water from the spring; but Mr. Addison does not seem to think that the external application of it is of any service. He theorises upon the mode in which this pure water acts, in the progress of its course through the body; but the best part of the book, perhaps, is his description of scrofula, its causes, the various forms in which it shews itself, the means of prevention, and the modes of treatment. This leads on to the tubercular degeneration, as one of the products of a scrofulous diathesis; and the diseases of the lungs naturally follow. The volume concludes with a chapter on the changes in atmospheric temperature and salubrity, by terrestial radiation; which is exceedingly ingenious and interesting, and well worthy of notice. We fear that the fashionable doctrine of the day, malaria, will succumb a little before this new theory;

new, at least, as applied by our author, who brings forward many very curious facts in confirmation of his views,—and many of them, oddly enough, of the same nature precisely as those with which Dr. Macculloch supports his favourite hobby. The two doctrines, perhaps, are not incompatible, as the radiation of caloric from the earth may be part of the means of giving efficacy to the morbific qualities of the malaria. We recommend the consideration of the subject to our readers.

MEDICAL GAZETTE.

Saturday, July 19, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

INDISCRIMINATE BLEEDING.

INSTEAD of devoting our pages to self-praise, or to the abuse of our neighbours, it will be as well, perhaps, to turn our attention occasionally to some practical points that do not appear to be clearly understood or settled, and to which we have been led by the perusal of certain cases of accidents, as recorded in the public Journals: in doing so, we shall also have the gratification of attempting, at least, to answer the questions of more than one of our correspondents. In one of these cases, a boy was reported to have been run over by a chaise, in the neighbourhood of South Audley-Street, and the practitioner into whose house the patient was taken, is said to have tied up his arm, and to have let blood, under circumstances that, in the opinion of the person who recorded the case, did not appear to justify such a proceeding. Dissection, however, shewed that no plan of treatment could have saved that patient. The second instance to which we allude, occurred in the country. Men were employed in emptying a privy: two of them were successively destroyed by the vapours arising from it; and, not returning to their companions, a third went in search of them, taking the precaution of having a rope put round his body: the poor fellow, feeling the suffocating effect of the effluvia, had just time to request to be hauled up;—this was done, and he was taken, in a state of insensibility, to a surgeon's in the neighbourhood, who bled him, and he died in about half an hour. Such are the facts upon which we mean to comment shortly, first remarking, that the practice adopted in the above cases has become, from the prevalence of popular prejudice, almost indispensible to the reputation of every medical man, in a case of accident, from whatever cause arising, in every case of epilepsy or convulsion, as well as after every fall or every blow; so that the man who should refuse to bleed a person so circumstanced upon the instant, would, in the popular opinion, be thought to have acted most ignorantly, if not criminally.

It is not our intention, at present, to view this question as applicable to medical cases, but to restrict ourselves to the simple points above alluded to—namely, the propriety of bleeding instantly after accidents, or blows received, or in cases of asphyxia. The first question is the most difficult and intricate, because it involves the distinctions between concussion and compression of the brain, and therefore comprises one of the most perplexing points in surgery; however, our embarrassment is lessened by narrowing the inquiry into the propriety of *immediate* bleeding. Now, when a person receives a blow on the head, or falls from any height, either upon the head or any other part of the body, concussion of the brain may occur. This is denoted, in its mildest form, by sickness at the stomach, temporary insensibility, coldness of the surface of the body, and,

in its higher degrees, by dilated pupils, stertorous affection of the breathing, and a pulse scarcely perceptible, or beating in an intermitting, fluttering manner. Here, then, are symptoms denoting some undefined derangement of the nervous energy—some interruption of the power by which the irritability of the heart and muscles is preserved; and the *secondary* consequence is congestion in the venous system and the right cavities of the heart. The disturbance of the nervous function is the cause of this, and therefore our endeavours should be turned to remove this condition in the first instance. The obvious remedies are diffusible stimuli, wine, or cordials; and these should be given cautiously, but perseveringly, until re-action becomes apparent. But are we to rely entirely upon these?—No; as soon as the pulse rallies, and the sensibility begins to revive, it is right, nay, absolutely imperative upon us, in many instances, *then*, and not till then, to let blood. This is done for the purpose solely of removing the congestion, and facilitating the oppressed and laboured action of the heart; but, in slight cases, such depletion is not necessary, and must, in many cachectic habits, be absolutely pernicious, in reference to their previous state of health; it is, therefore, to be reserved for those serious cases of concussion in which re-action is imperfect, and the balance of the circulation, if we may so express it, is lost. But it will be urged, and with truth, that the symptoms of concussion and compression of the brain are nearly alike; and that, if compression be the cause of the symptoms, the plan proposed above cannot be proper;—nor can any thing but depletion remove the compressing cause, granting that to be internal extravasation, and not depression of the bone. But, although it be true that the general symptoms of the two affections be very similar, yet, be it remembered, that concussion is always the *first* effect of the accident. It does not very often happen that effusion is either so sudden or so extensive as immediately to produce the symptoms of compression; and if it be so, it is irremediable under any circumstances, excepting in the case of depressed bone (a point which is not now under our consideration); so that what we have *immediately* to attend to in such accidents is almost universally a concussion, which will generally pass off either altogether, or in degree, under the stimulating plan of treatment. If, after any partial amendment, the symptoms return, then we may be sure that compression is at the bottom of the mischief, and in that condition the state of the pulse will more usually resemble that of sanguineous apoplexy; but even then our bleeding should be cautiously adopted, and perhaps even *united* at first with the moderate employment of ammonia, for the nervous energy is probably in these cases much disturbed, and the bleeding will be more free and more efficacious than if relied upon alone.

It appears, then, from what has been said—first, that the practice to be pursued in all cases of accidents in which the nervous power has received so violent a shock as to produce insensibility, coldness of the surface, failure of the pulse, is to give stimuli, in order to excite re-action of the system—of these, the diffusible stimuli are always to be preferred, as not interfering with any after measures of depletion that may become necessary; secondly, that when re-action takes place slowly and imperfectly in severe cases, that a cautious and guarded abstraction of blood is not inconsistent with the employment of ammonia; and, thirdly, that in those mixed cases in which concussion and compression are simultaneous, that the

two modes of practice so apparently opposite may even be combined with advantage—always remembering that we are speaking only of the practice to be pursued on the *first* occurrence of the injury. With reference to all cases of asphyxia, arising from the inhalation of deleterious gases, a few words only will suffice: immediate abstraction of blood in such cases is unquestionably wrong—the mode of relief consists in pure air, a semi-erect position, the application of ammonia, so as to re-excite the muscular irritability, and, perhaps, the inflation of the lungs with cold and pure air.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Rupture of the Ilium.

An instance of this generally fatal accident occurred at this hospital very lately.

The subject of it, an Irish labourer, was drawing a hand-cart along the road, when it was struck by a carriage, and the handle driven forcibly against his abdomen. He was knocked down, and vomited immediately, and continued to to do so for some time. This occurred at 4 P.M. June 30th, and at 5 he was seen by a surgeon, who bled him, and gave him two pills, supposed to be purgative. When brought to the hospital, he had all the symptoms of ruptured intestine, but all in so slight a degree that it appeared doubtful whether that really was the accident. The feet being cold, bottles filled with hot water were applied to them; and to relieve the pain in the abdomen, it was fomented. He passed a tolerably good night, and had one or two evacuations.

July 1st.—The impression, on first seeing the patient this day, certainly was that the injury was not so serious as it afterwards proved to be: the countenance was sunk, and expressive of considerable languor and suffering, but these were not so strongly marked as we generally see them in such cases. When, however, the other symptoms had been ascertained, little doubt remained of the nature of the accident. The pulse was 90, rather hard, sharp, and jerky. The patient had vomited two or three times during the night a small quantity of a greenish fluid; the tongue was covered with a yellowish fur, except at the tip and edges, and the furred part was quite dry. There was great thirst; pain was complained of, extending over the abdomen, and every part of the parietes of that cavity was sore to the touch, especially the part in which the blow had been received—viz. the right iliac region. There was pain also in the loins and back, shooting up to the head. The patient could not turn in bed without extreme agony, and was easiest when lying on the left side.

R Magnes. Sulph. ʒjss. Habeat in Haustû 2dis horis, donec alvus dejecerit.
Hirudines, xxx. abdomini.
Habeat vespere Opii, gr. j.
Hyd. Submur. gr. iij. in Pil.

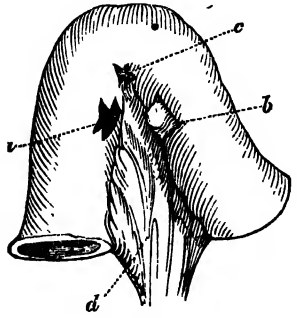
9 P.M.—The patient was asleep when visited. He had been tolerably easy during the day; he had not vomited again; the hands and feet were warm.

July 2d.—This morning the appearances changed much for the worse. Symptoms of collapse came on, which increased until 5 P.M. when he died. As he had had no stool this day, the nurse gave him two or three doses of castor oil, and some mist. salin. cathart.

Sectio Cadaveris, 19 hours after death.—The abdomen was excessively distended with gas, which escaped when the parietes were pierced by the knife. On raising the abdominal muscles, the peritoneum opposite to the seat of injury was found to have a few spots of extravasated blood upon it. The superficial folds of intestine, and the omentum covering them, were firmly matted together by immense quantities of lymph; so much so that it required considerable force to tear them asunder. A portion of the small intestine, apparently about the upper part of the ilium, contained two apertures, each about two-thirds of an inch square, the edges of which were ragged. The intestine in which these openings were found was not immediately under the seat of injury, but opposite to it; two or three layers of intestine being interposed between it and the abdominal muscles. As these layers of intestine, through which the blow must have been communicated to the

ruptured portion, were not in the least injured, it is probable that they were empty at the time of the accident, and that the ruptured portion was distended, and consequently presented the first resistance to the blow. The mucous lining was not everted at the apertures, probably because the muscular fibres of the intestine were paralysed by the blow. But an attempt had been made to stop up one of the holes in another way. They were both situated on the mesenteric side of the canal, just where it made a very sharp turn; one of them being exactly in the apex of the angle so formed, and the other about half an inch below it. Opposite to this latter opening, on the surface of the other side of the angle formed by the intestine, a large piece of lymph had been produced, exactly of the size of the aperture, so as to act as a plug to it; and this office there was every reason to believe that the piece of lymph had performed until after death, and that it was pulled out during the inspection.

No attempt, however, had been made to stop the other aperture—viz. that situated in the centre of the angle, and through this, and, probably, at first through the other, a great quantity of fæcal matter had escaped into the bag of the peritoneum. This mingling with the serous effusion produced by the inflammation, had formed an immense quantity of thick yellow fluid. Perhaps the annexed sketch may make the above description more plain.



a, is the aperture; an attempt to stop which appeared to have been made.
b, the plug of lymph.
c, the aperture which remained open.
d, the mesentery.

Rupture of the intestine is generally considered as a necessarily fatal injury; and, in consequence, it is supposed, that if it have really occurred, nothing can do any good: but is this opinion well-founded; and is not the very belief that nothing can be done the reason why the accident is so regularly fatal? The experiments of Mr. Travers on animals, and many cases which have occurred in military surgery, prove that incised and punctured wounds of the intestinal canal may occasionally be recovered from; and although we should expect lacerated wounds to be more dangerous, yet there cannot be a greater difference between incised and lacerated wounds of the intestine than there is between the same wounds of the skin. The grand danger in all these wounds, is from the escape of the fæces into the cavity; and ruptured wounds are more likely to be complicated with this danger than any others, for this reason—viz. that if any part of the canal contain fæculent matter, that part will be burst, as it gives the greatest resistance to the external force, and consequently the matter is almost certain to be effused. But if this effusion do not take place at the time of the accident, there appears no reason for thinking, if proper treatment be used, that a ruptured wound of the intestine must be necessarily fatal, more than an incised or a punctured one. But what is the proper treatment? First, by every means in our power to produce a torpid state of the intestinal canal; and, secondly, by the most active means to subdue the inflammation which arises. Under the former head should be included the withdrawal of every medicine which is likely to at all stimulate the intestines, and thereby to excite their peristaltic action, which must infallibly break down the forming adhesions, or prevent their formation: perhaps even opium might be given with this intention. Would it not be right, also, even to forbid food, or drink, except something to wet the lips? The means of subduing, or preventing inflammation, can scarcely be carried too far: they should, probably, be restricted to local and general bleeding, and fomentations.

The above is confessedly a theory, formed from only a few cases: one case in particular ought to be related, as it seems to demonstrate forcibly the possibility of recovery after the accident in question. A stout lad of 16 ruptured his jejunum by falling from a mast

across a bar of iron. He lived about 20 hours after the accident, and during that time had very few symptoms of ruptured bowel, but all the marks of peritoneal inflammation. When he died, the intestines were found united together, in almost every part, by lymph, and the opening in the jejunum was quite closed by a portion of omentum, which had adhered over it Very little fæcal matter (if any) had escaped, and the patient had plainly died of such peritoneal inflammation as might have been subdued by the more early and courageous use of the lancet. This case seemed to prove what it is the object of these remarks to shew—viz. that rupture of the intestine is not a necessarily fatal accident. G.

ST. GEORGE'S HOSPITAL.

Injuries of the Head.

THERE are very few points in surgery which have excited more varieties of opinion and disputes, than the treatment of the injuries to which the head is liable—particularly fractures of the cranium. As facts must always be of service, let theories and theorists differ as they may, we have been induced, in the present and succeeding number, to detail some cases of injury of the head, which have occurred at the hospital within the last two months.

CASE I.—*Compound Fracture of the Skull—Trephining—Death.*

Thomas Butter, a boy between 10 and 11 years of age, was admitted on the 12th of June, having fallen, headforemost, from a height of 25 feet, upon a quantity of flag-stones.

The accident happened at a distance from the hospital, and on admission he was quite insensible to what was passing round him; but extremely restless, moaning, and tossing his arms and legs. The surface of the body was pale and cold; the pulse with difficulty felt; the respiration rather hurried, and occasionally attended with a little stertor; the pupils extremely irregular in their action. On examining the head, a scalp wound was discovered very near the centre of the os parietale, on the right side, which led to a considerable fracture, with depression, of the anterior inferior portion of the bone. The membranes of the brain were evidently ruptured, for cerebral matter was mixed with the blood that issued from the wound. A little while after his admission, he vomited a quantity of fluid, and at the expiration of an hour the pulse had risen to 76, but continued small and weak.

On seeing the patient, Mr. Rose immediately enlarged the external wound, and exposed the fracture, which was very severe, and extended to the temple. The case being a hopeless one, and the chances, without an operation, next to nothing, Mr. Rose thought it better to trephine as a *dernier resort*. The crown of the instrument was applied to the parietal bone, and the portion embraced in it removed. The elevator was then introduced, and four separate pieces of the cranium removed, the largest of which was an inch in diameter, and marked on its under surface with the groove for the spinous artery. The fracture extended across the coronal suture, and passed downwards apparently beyond the squamous, implicating the temporal bone, or temporal process of the sphenoid. On placing the finger in the wound, the dura mater was found to be widely torn, and portions of brain were continually escaping. Very little blood was lost in the operation, but a few cutaneous vessels required to be tied. The boy moaned much, and kicked very lustily the whole of the time; the pulse also rose, and he vomited freely, but no return of sensibility was noticed.

Half-past 3 P. M.—A short time after the operation he had a convulsive fit. The pulse is rapid and very weak; he lies in an apoplectic state, with his eyes half open, and there is a violent fluttering at the heart. Towards evening he had several convulsions; the respiration grew stertorous and laboured, and at 8 P. M. he expired.

Dissection.—The fracture extended round the summit of the cranium to the opposite side, whilst another branched off from the original, downwards to the sella turcica of the sphenoid bone. A quantity of blood was effused upon the brain on the left side, and the dura mater, at the spot where the injury occurred, was lacerated to the extent of an inch and a half. The subjacent brain was considerably broken up, of course, and a quantity of bloody serum was discovered in the ventricles. The

viscera, &c. were sound, but the clavicle was broken on the right side, and there were several bruises on the surface of the body.

This was so severe a case of compound fracture of the cranium, that the operation was considered a forlorn hope, even at the time of its performance. In the following the symptoms were favourable, and the operation perfectly successful.

Case II.—Wm. Myddleton, 40 years of age, was crossing a field on the 29th of May, between 8 and 9 P. M. along with some companions, when, by some means or other, they got engaged in an affray between a blacksmith and some Irish. A scuffle took place, and an Irishman felled him to the ground by a blow with an axe upon the head: he was stunned for upwards of an hour, and when he regained his senses, he found that he was lying deserted on the field, and bleeding profusely from the wound. In the course of a little time his friends came up, and conveyed him to a public-house, where he was seen by a surgeon, who dressed his head. He was brought to the hospital at midnight, and before his arrival the hæmorrhage had ceased.

On admission he was perfectly sensible, though weak from the loss of blood; no paralysis; no stertor; pupils unaffected. Three scalp wounds had been received—one upon the right side near the ear, another on the opposite side, contiguous to the temporal ridge of the parietal bone; and a third, and the largest of all, upon the vertex, a little to the right of, and crossing obliquely, the sagittal suture. It was an incised wound, similar to what would be inflicted by an axe, and the bone was so depressed, that the little finger could be introduced for half an inch. The wound was exactly in the situation of the longitudinal sinus, into which the bone had apparently been driven, for the finger, when passed in, could touch neither brain nor dura mater. The lower jaw was broken on the left side.

℞ Calomelanos gr. v. Pulv. Jalap. gr. xv. statim. Haustus Sennæ.

30th, 11 A. M.—Free from pain, or other symptoms of constitutional disturbance; pulse 76, regular and soft; skin rather hot.

In the afternoon she still continued free from "symptoms," and it was not thought necessary to send for Mr. Brodie until the evening. At 10 P. M. Mr. B. saw the patient for the first time, and determined, in spite of the absence of symptoms of compression, on applying the trephine, and elevating the portion of bone which was depressed. In performing the operation, the internal table of the bone was found to be more extensively fractured than the outer, which made it more difficult to raise. The edges of the wound were brought together with a suture, and lightly dressed.

June 1.—He had pain in the head after the operation, but it soon subsided, and he passed a quiet night. This morning he is free from uneasiness; there has not been any bleeding from the wound; the bowels are open; the pulse is 72, regular and soft.

In the afternoon he had shivering and nausea, with quickish pulse and white tongue. He was bled to twelve ounces, or thereabouts, at 6 P. M., and in the evening the unfavourable symptoms passed away.

Lotio Spirit. Capiti.

2d.—He had been purged in the night, which made it necessary to countermand the administration of saline draughts with sulphate of magnesia, which had been ordered. At present he is doing well—the purging has been stopped, the pulse is moderate, the skin cool. He was directed to take a saline draught, with 15 minims of antimonial wine, every six hours; but on the 3d the countenance was sallow, the tongue white, he had slept but little in the night, and the bowels were confined. Four grains of calomel were given him at bed-time, and a senna draught next morning, which dissipated the unfavourable symptoms. The wound on the head proceeded well—he never suffered pain, and before this report is published the patient will be discharged the hospital.

Mr. Brodie observed, in his Clinical Lecture, that when he saw the patient, there were neither symptoms of concussion nor compression; and it became a very serious question whether he should elevate the bone or not. Many recover when the operation is not performed, an example of which occurred at the hospital last year, in the instance of a boy, when the depression was greater than in the present case.

It occasionally, however, happens, when the trephine is not applied, that the patient will at first recover; but afterwards, when he resumes his usual habits, he becomes affected with a variety of anomalous symptoms, as paralysis, numbness, or convulsions. Besides this, in fractures with depression, suppuration not unfrequently occurs between the bone and the dura mater, when the inflammation is liable to spread to the deeper seated membranes, if the matter is pent up. If the discharge can get a ready exit, the inflammation of the deeper parts is by no means so likely to occur.

Sir Astley Cooper has observed, that the suppuration between the bone and the dura mater takes place more frequently when the scalp is wounded, than when it is entire; and although Sir Astley has not adduced such a number of cases as fully to prove his position, yet Mr. Brodie has collected enough from his own experience, and the recorded observations of others, to induce him to believe that the opinion is substantially correct. Seeing, then, that suppuration between the bone and the dura mater is more frequent when the scalp is wounded; that if the discharge has not a ready exit, the suppuration will spread to the deeper membranes; and, finally, that even though the patient should at first recover, he would not be secure from the occurrence of after-symptoms, Mr. Brodie trephined in the present case, notwithstanding the absence of the symptoms of compression.

If the scalp be wounded and the bone depressed, but an interval exists between the broken portions, the matter, if it forms, can get an exit, and the use of the trephine is not so much required.

A boy was admitted some years ago, with a fracture resembling the present: the trephine was not applied, and in the course of some days, the scalp wound having partially united, the patient was attacked with unfavourable symptoms. Mr. Brodie divided the adhesions, and discovered some matter on the dura mater, between it and the bone. The broken pieces, however, were so fairly separate, that the matter had a ready exit, and on this account Mr. B. considered it unnecessary to have recourse to the trephine. The symptoms were relieved, and the boy did well.

The liability, after its employment, to hernia cerebri, has been urged as an objection to the use of the trephine; but Mr. Brodie believes that it greatly depends on the practice which has been employed. If a surgeon applies some simple dressing to the wound, and does nothing more, the dura mater is likely to slough, and fungus of the cerebrum ensue. It should be remembered, that in cases of this kind, the patient is frequently delirious, and either tears off the dressings, or is so restless that they fall off themselves; the dura mater is exposed to the influence of the air, inflammation follows, and the membrane sloughs. Mr. Brodie is always in the habit of bringing the edges of the scalp together by a suture, leaving space enough for the matter to escape. With this precaution, when the dura mater was free from injury, Mr. B. has never seen a case of hernia cerebri as a consequence of the operation.

The remainder of the lecture was occupied with the consideration of a case of concussion, which we shall report, with some others of the same description, in our ensuing number.

ST. THOMAS'S HOSPITAL.

Contraction of the Pulmonary Artery.

It may be in the recollection of some of the readers of the Gazette, that in the year 1826 a case of this disease occurred in St. Thomas's Hospital, which excited considerable interest, both from the rarity of the case and from its having been shewn to many persons out of the hospital, as a proof of the utility of the stethoscope; as, by that instrument, Dr. Elliotson had been enabled to declare positively, some time before the patient's death, that the cause of the symptoms was that which, on dissection, it proved to be. The doctor gave a clinical lecture upon the case; and those who like to turn to the Lancet for that year, will find it narrated. An enumeration of the principal symptoms may here be made, with a short account of the postmortem appearances, in order to shew the almost complete similarity between the case and one which has lately occurred at the same hospital, and under the same physician.

Owen Sweeny, aged 49, had been ill five years. When admitted, he had

ascites, anasarca of the legs, a quick and rapid pulse, dyspnœa, and palpitation, but could lie down. The palpitation and dyspnœa had existed a year. The jugulars and other veins of the neck were distended to a great degree. On applying the stethoscope to the right side of the heart, or upon the sternum, a whizzing sound (*bruit de soufflet*) was heard; and it was ascertained, by feeling the pulse, that this sound was synchronous with the contraction of the ventricles. The principal post-mortem appearances were as follow:—The pericardium was adherent to the heart, and contained some portions of cartilage; there was a cartilaginous body in the substance of the wall of the right ventricle, where the pulmonary artery leaves it, and the artery was contracted in size to that of the brachial, there and for some inches beyond. These particulars have been kindly furnished by Dr. Elliotson, and they prove that his diagnosis was perfectly correct.

Dr. E. had not met with another case of the same kind until within the last two months, when a patient came to the hospital with symptoms so much resembling those of the former case, that he immediately declared that it arose from the same cause. The man's name was Crawley, his age 60, and he had been out of health some months. The general symptoms were orthopnœa, anasarca of the arms, thighs, and legs; considerably increased action of the carotids and radials, and distention of the veins of the neck, with tenderness of the epigastrium. The stethoscope, as in the former case, gave the only certain indication of the cause of the disease. On applying it to the upper part of the sternum, a loud and distinct *bruit de soufflet* was heard, at the moment when the ventricles contracted, proving that the obstruction must be at the outlet of one of those cavities, while the situation in which the noise was heard, and the distention of the veins, pointed out the right as the one implicated. The only material differences between the two cases were, the circumstance that, in the former, the patient could lie down, while the latter could not, and the increased action of the carotid and radial arteries in the latter. These did not attract much attention at the time, and they most probably arose from a very different cause from that which produced the other symptoms. What this cause was, will appear in the sequel.

Sectio Cadaveris.—This was performed under very unfavourable circumstances, being done almost by stealth, in the patient's house, and when the body was in a very advanced state of decomposition. In consequence, a very minute examination could not be made, but the heart itself was brought away.

The pericardium was adherent to the surface of the heart in every part; the heart itself was enlarged to twice its natural size, and its substance was very much softened, and so changed in texture as almost to have lost its fibrous appearance. A part of this change might be owing to the decomposition, but certainly not all of it. The walls of the cavities were thickened, but not in proportion to the increase in size of the whole heart; the cavities themselves, and especially those on the right side, being much dilated. At the origin of the pulmonary artery, a fibro-cartilaginous structure was found, as large as a small egg, and almost surrounding the artery; which was, in consequence, so much diminished in caliber, that it would scarcely admit the little finger;—beyond, the artery retained its usual size. Here, then, was precisely the morbid change which had been foretold, and another proof that the stethoscope is not quite so useless an instrument as some suppose it to be. But another most unexpected disease was found in the chest: a very large aneurism of the aorta, which had burst before the body was opened, and probably before the patient's death, as the blood with which the back part of the chest was filled had coagulated. This was not looked for, but might it not have been so?—was there not, at least, one symptom of it? It has been already stated, in the account of the symptoms, that there was increased action of the carotid and radial arteries, and that the patient could not breathe in the recumbent posture: both these symptoms were present, in a remarkable degree, in the case of aneurism of the aorta described in the Gazette a few weeks since. The latter is a usually described symptom of the disease: may we not conclude that the former also, although it has not hitherto been mentioned as a symptom of aneurism of the aorta, is yet one, at least, of the aneurism by dilatation, which

both these cases were? Two cases are scarcely sufficient on which to build an opinion; and it appears almost incredible that such a remarkable symptom should have been overlooked, if it had existed in other cases.

The obliteration of the cavity in which the heart naturally moves, by the adhesion of the two surfaces of the pericardium, was a very remarkable point of resemblance in the two cases described in this report. It must materially have contributed to produce the symptoms; and Dr. Elliotson is inclined to think, that adhesion of the loose pericardium, from inflammation, is a very common commencement of many diseases of the heart, as well as of that above described. It will be remembered that, in the first case (that of Sweeny), the pericardium was beset with pieces of cartilage, resembling that which produced the obstruction.

It may, perhaps, be said, that when there was so much other disease, and especially in the latter case, (aneurism of the aorta,) it is unfair to attribute the symptoms to the obstruction of the pulmonary artery. But, first, such an obstruction could not exist without producing some very marked effects;—secondly, the main symptoms were precisely those which diminution of the outlet of the artery would produce.

Thirdly, Laennec asserts—and subsequent pathological observation has confirmed the truth of the assertion—that the stethoscope is incapable of giving any certain indication of the existence of aneurism of the aorta, and that it is continually found without having been suspected.

Fourthly, whatever may be the real symptoms of such an aneurism, neither it nor adhesion of the pericardium have ever been known to produce a ventricular *bruit de soufflet* confined to the right side. G.

Dislocation of the Os Femoris on the Dorsum of the Ilium, reduced in three minutes.

Thomas Jennings, æt. 24, a stout healthy-looking man, was admitted into the Hospital July 6th, at 11 P.M., with dislocation of the left femur, from a fall in running, when the left leg was thrown forwards and the other bent under the body. There were all the symptoms which usually characterize such a dislocation. It had been done ten hours; attempts had been made to reduce it, and from the effects of these, probably, he was very faint. He was placed on the table, and the pelvis being fixed by a padded belt, a wet roller was tied round the limb above the knee, to which the pullies were attached, and extension being made while the femur was gently rotated, in less than three minutes the dresser felt the head of the bone move towards the acetabulum and hip, into its socket. G.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

AMPUTATION OF THE NECK OF THE UTERUS.

M. Lisfranc lately communicated the following facts at a meeting of the Royal Academy of Medicine. A woman who had undergone amputation of the neck of the uterus, several years ago, and who had become a mother once since the operation, was in the last month of a second pregnancy: the pains of labour had been present three days. Dr. Boulou, and two assistants, sent by M. Lisfranc, found, upon their arrival, that the neck of the uterus was dilated about half an inch; at the end of an hour it equalled the size of a six-franc piece; the membranes protruded, making a considerable advance in the vagina; they were ruptured by the accoucheur, and the labour continued regularly, and, in about two hours, terminated by the birth of a well-formed male child, in good health. After the lapse of some time, fresh pains came on, and the medical attendant discovered in the vagina the fore-arm of a second child; he turned by the feet, and delivered in a few minutes, but the infant was lifeless, and could not be revived by bleeding from the umbilical cord, nor by any other means. The mother was seized with peritonitis, but the antiphlogistic means employed give reason to hope for a favourable termination to the case. M. Lisfranc said that he had already performed the above operation on *thirty-six women*, on account of carcinoma of the womb. Of this number, three are under cure, three are dead, and the remaining thirty are actually in good health. The last of the three who died, suffered, some days after the operation, not from symptoms

of enteritis, peritonitis, or inflammation of the uterus, but from an obtuse, fixed, and deep-seated pain in the epigastrium and left hypochondrium. Death ensued on the seventh day, preceded by great prostration of strength. On opening the body, no traces of inflammation of the womb, intestines, or membranes, were found; the disease had been entirely removed, but the state of the spleen attracted especial attention. It was converted into a soft pulpy mass, resembling in appearance the lees of wine. Towards its lower part, it was occupied by a cancerous tubercle, resembling fungus-hæmatodes. It is remarkable that this disease had produced no symptom, during life, worthy of attention, excepting the above-named dull pain, a few days only before the patient's death. There was also found a round, but small, cancerous tubercle in the anterior parietes of the uterus.

ADMISSION OF AIR INTO THE VEIN IN BLEEDING.

Mr. Bouley, a very able veterinary surgeon of Paris, bled a horse, having pneumonia in the neck, with the phleam, in the usual way. Nothing particular occurred during the early part of the operation; but, as the vessel into which the blood was received was not large enough to contain the quantity which Mr. Bouley wished to take, he, on its being full, suspended the compression on the vein below the puncture, whilst the vessel was emptied. At the instant when the compression ceased, he heard a remarkable noise, which he had several times noticed in the course of his practice, without any ill consequence following the event, and to which he now, therefore, paid but little attention. The bleeding was completed, and the animal led into his stable. He had but just arrived there when he was affected with a general trembling; his breathing became laborious and *plaintive*; his pulse small, irregular, and much accelerated; and, finally, he uttered some deep groans, and fell down in his stall "as if stricken by lightning." On reflecting on the whole of the circumstances of the case, Mr. Bouley believed that the noise he heard, above alluded to, arose from the rushing of air into the vein, and he instantly determined to draw more blood from the animal. As the blood flowed, the horse "appeared to assume a new life;" he made some efforts to get on his legs, but did not succeed until the lapse of five or six minutes from the last bleeding. When up, his pulse became sensibly developed, and lost its rapidity; his breathing became deeper; and in half an hour from the time of the accident, he seemed to be in "the same state as before the first bleeding." Some new phenomena were now observed. The horse experienced, during the whole of the afternoon of the same day, "an extreme degree of sensibility of the whole of the right side of the body (the side opposite to that in which the venesection was practised), accompanied with very intense pruritus: he laid down and rolled himself about on this side, to rub himself against any objects that offered resistance."

The pneumonia run its usual course, and terminated favourably. Thirty days after the accident the horse was put to his ordinary work, and has not since shewn any sign of disease.

Professor Dupuy, of Alfort, has mentioned that he had witnessed a similar accident, in which a second bleeding was also immediately effected. This case terminated favourably. Dr. Magendie doubts whether sufficient air was introduced to have proved mortal if the second blood-letting had not been resorted to. He injected some air (he does not say how much) into a vein of a dog, and then bled him; but the animal died as soon as if he had not been bled immediately after the introduction of the air.—*Veterinarian, from Magendie's Journal.*

SUCCESSFUL REMOVAL OF A CONSIDERABLE PORTION OF INTESTINE FROM AN OX.

Dr. Cheselden relates a singular case of this, with which all our veterinary readers may not be acquainted:—

An ox was suffering under constipation of the bowels. "Thomas Brayer, a doctor for cattle, opened the ox in the flank, and took out great part of his bowels; upon searching which, he found there was a perfect stoppage in the guts, and the gut was, about the stoppage, putrified for three-quarters of a yard: whereupon, he cut off so much of the gut as was putrified, and took it quite away, and then drew the ends of the guts which remained sound, after what was cut off, together upon a hollow keck, which was about three or four inches long, and sewed the said ends of

the guts together upon the said keck, leaving the keck within the guts, and then sewed up the hole cut in the hide upon the flank of the said ox. Within the space of one hour after this operation was performed, the ox dunged, and the piece of the keck which the said ends of the gut were sewn upon came away from the ox with the dung; whereupon the ox recovered, and lived to do the owner service several years."—*Veterinarian.*

MONSTER PRODUCED BY A COW.

This singular monster, born at Wagendrussel, in the county of Zips, in Hungary, is described by Dr. D. Schreiter; it was extracted, living, from a cow, in April 1825, and killed immediately. A tradesman kept it, and eight days after a judicial examination of it took place. Its length, from head to the anus, was three feet, (Vienna measure) and it was two feet in height. The head was larger, but *entirely resembling that of a man.* The space comprised between the coronal suture and chin measured ten inches. The frontal and parietal bones were separated by a fontanelle. The sagital suture was an inch long; and this region was covered with yellowish brown hair. On each side there was a small human shaped ear, the lobe of which terminated in a calf's ear, three inches long. The face was entirely smooth, and without hair. The eyes blue, the eye-brows the colour of the hair. The nose was flattened at the end, and the nostrils wide. The upper jaw, without teeth, was terminated by a lip, as in man; the lower lip, having ten pointed teeth, had more analogy to that of a calf; on the chest were two hemispheric breasts, projecting about half an inch, with prominent nipples; the thorax and buttocks resembled the human, only the body was rather longer in proportion to the limbs; to the lumbar vertebræ succeeded a tail, 8 inches long, under which the female genital organs were situated. The udder was situated between the buttocks. The limbs, which were naked as far as relates to the arms and thighs, were otherwise covered with hair, and terminated by the feet of a calf. The magistrates of Wagendrussel, the greater part of the inhabitants, and a deputation from the county of Zips, sent expressly for the purpose, are called upon to depose to the above facts.—*Bull. des Sci. Med. Mar.* 1828.

On Friday last Sir A. Carlisle was elected President; H. L. Thomas, Esq. and Sir P. Macregor, Vice-Presidents, of the College of Surgeons; and J. Briggs, Esq. was elected a member of the Council.

LITERARY ANNOUNCEMENTS.

Published, Transactions of the Medical and Physical Society of Calcutta. Vol. III. 8vo. 15s.

In the Press:—A Lecture on the Structure and Physiology of the Ear, in Man and Animals; as delivered at the Royal Institution of Great Britain. By J. H. Curtis, Esq. M.R. Surgeon Aurist to the King.

BOOKS RECEIVED FOR REVIEW.

On Difficult Cases of Parturition; and on the Use of the Ergot of Rye. By W. Michell, Member of the Royal College of Surgeons.

A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura. By Dr. C. J. B. Williams.

A Manual of Midwifery. By W. Maclure, Surgeon.

A Letter on the Supply of Water to the Metropolis, by R. M. Kerrison, M.D.

NOTICES.

Communications have been received from "Sir Anthony Carlisle"—"Medicus"—"Alpha"—"A Surgical Pupil at St. George's Hospital," &c.

We have received "M. D.'s" Letter, and can assure him that we shall be at all times happy to hear from him; but, upon controversial points, we much prefer a name to mere initials—and we think, moreover, that "ne quid nimis" is not a bad motto.

The signature "G." to the Hospital Reports from St. Thomas's and Guy's, has been inadvertently omitted in the last two Numbers.

In reply to "Q." we have to observe, that the comparative infrequency of the operation for Cancerous Mammæ arises, in our opinion, from several combined circumstances:—1st. Other diseases formerly confounded with schirrus, are now distinguished from it; 2dly, we believe that strumous affections of these glands are better managed; and, 3dly, the operation is not now so indiscriminately recommended and performed as heretofore—being restricted to the earliest period in which the disease is recognized.

ERRATA.

In the last Number, page 184, line 12, and page 185, line 7, *for* "discussive," *read* "discursive."

Page 171, line 3, *for* "tracturam," *read* "tractuum."

Dr. Hawkins's Lectures were concluded in the last Number.

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ESSAYS ON SYPHILIS.

By John Bacot,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 165.]

The seventeenth century has to boast a list of writers on syphilis not much less numerous than the age which preceded it, but they will not detain us so long. The first thing that I shall observe in this portion of my history, is the decided improvement in the composition of the mercurial ointments, which, in the first instance, were composed of a farrago of useless ingredients: we now find, that not only these were expelled, but the strength of the preparation was materially augmented. In this century, some authors began to appreciate the virtues of sarsaparilla, chiefly in removing the consequences of the mercurial treatment—such as debility, pains in the joints, &c.; but there is very little novelty in this, and I shall therefore content myself with giving you the general practice of that time, as recorded by two of our own countrymen—Sydenham and Wiseman. According to the former of these authors, the practice of inunction, as employed in his day, was, indeed, a most formidable process. The ointment he used was composed of hog's-lard and mercury, in the proportion of two ounces of the former to one of the latter; and of this, one-third part was directed to be rubbed by the patient into his arms, thighs, and legs, for three successive nights, avoiding both the axillæ and penis. After the third unction, the gums generally swell; but if not, eight grains of turpeth mineral are ordered to be given; the salivation is directed to be brought to a flow of about two quarts every twenty-four hours, and if it diminishes before the symptoms vanish, then a scruple of calomel is to be prescribed occasionally; and it appears that the patient, during the whole of the time, was kept in the same sheets and clothes, unless the salivation proceeded to such a height as to endanger his life. Sydenham remarks, that mercury alone cannot succeed in curing an exostosis; and, from what he says respecting regimen, it is evident that it was the usual custom to keep the patient in bed during the whole process, and to enforce the most rigid abstinence. It seems to have frequently been the fashion, at this period, to go to France, for the purpose of undergoing a cure; and this the doctor explains as attributable to the belief in the superiority of the climate.

Wiseman gives himself no trouble to inquire into the origin of the disease, but his Treatise is, nevertheless, well deserving of attention, on several accounts. He remarks that the pox is caught either mediately or immediately: by the former he means, where an infected child sucks a sound nurse, or *vice versâ*. He ridicules the common tales, as to the propagation of the disease by sleeping in the same bed, wearing the clothes, or drinking out of the same vessel with one so affected. Wiseman was, in fact, a practical man, with strong common sense, and great knowledge of the world; and, therefore, paid little attention to theories that flattered the self-love, or tended to save the reputation, of his superiors. He is the first author who observes, from his own experience, that it often happens some

men will be infected, whilst others shall escape with impunity, from the embraces of the same woman: of this he declares that he saw repeated instances whilst serving in the King of Spain's navy. "I have known," he says, "twenty men lie with one and the same woman, the same day, and only one of them affected, though the rest equally deserved it." He speaks of gonorrhœa as the first symptom, though not always so; and his enumeration of the symptoms does not differ from the generality of the writers of his age. Another peculiarity attending this disease is mentioned by Wiseman—the curious fact that many people are in the habit of fancying themselves infected, and the great difficulty that is often found in persuading them to the contrary. Of the cure of the venereal disease Wiseman entertains but little doubt, unless the patient has previously undergone mercurial inunction ineffectually; and if he has been salivated, appeared well for some time, and then relapsed, he has still a more unfavourable opinion of the case. He is particular in directing venesection, before the commencement of the mercurial treatment; and seems to believe that, by this means, assisted by purging, the remedy is more efficacious and better borne by the patient. After enumerating several internal forms of exhibiting mercury, the following description of his mode of procuring a salivation, which I have considerably abridged, presents itself to our notice:—The patient is to have his bed near a fire; the windows, if the weather be cold, must be covered with blankets; or a more proper place is a stove, if the patient can bear it. The ointment is to be rubbed in either by the surgeon or the invalid, beginning from the feet, and then proceeding up the legs, and thighs, and hips, to the spine of the back, even as high as the neck, including the hands, arms, and shoulders; the belly is to be avoided. As the parts are rubbed, they are to be covered up; the head is to be wrapped up with a napkin, tacked to the cap round about the ears, and fastened before, to keep the chaps warm. Afterwards, the patient is to be put into a warm bed, and have a posset drink; and this ceremony may be repeated twice a-day, unless salivation is brought on too quickly. Many directions are given for cleaning the mouth, and a rolled clout is to be placed between the teeth, to prevent the chaps from closing. This precious process lasts from twenty to thirty days; after which, sweating is to be observed, of which three methods are detailed; and a whole chapter is devoted to the consideration of the specifics, together with formulæ for their preparation—of these, sarsaparilla, China root, guiacum, and saponaria, are the chief.

The above specimens will, I conceive, be sufficient to give a general idea of the mode of treatment employed towards the close of the 17th century, and, therefore, it is easy to imagine the number of victims such practice must have produced, and we may well comprehend the honour with which the pox was regarded in those days, and why it was made use of as one of the bitterest imprecations, since it would appear to be almost impossible to escape either mutilation or death from the disease or the remedy. One conclusion may however be drawn from this account; it is quite evident that neither the sarsaparilla nor the guiacum possessed the reputation formerly attached to them; that they had fallen to the rank of mere secondary agents, employed more for the purpose of palliating particular symptoms, or of restoring the tone and vigour of the constitution after the completion of the mercurial course, than as really endowed with any specific power over the disease itself; nevertheless, there were not wanting practitioners in those days, who entertained opinions relative to syphilis more in conformity with the views which have lately caused so much discussion in this country. Of these, David Abercrombie is the most remarkable: he published a short dissertation on syphilis in 1684, in which he condemns mercury entirely, and declares that the vegetable remedies are alone sufficient to effect the cure of nearly every form of the disease, though he admitted the necessity of *occasionally* employing mercurial pills; but later in life he seems to have changed, or at least modified, his opinions very much, and contents himself with recommending the substitution of the mercurius dulcis for the mercurial inunction, and restricts his censures of the mineral remedy to the condemnation of salivation in patients of certain habits and constitutions.

This milder method of administering mercury began in the early part of the

18th century to obtain many advocates and followers; a warm discussion took place between these practitioners and the favourers of the older doctrines. In 1732, we find a very hot controversy carried on between Daniel Turner and Chicoyneau, of Montpelier, on this point of practice; and it must be confessed that if our countryman has not the best of the argument, he exceeds him by far in violence of invective. Among the eminent men who contributed to moderate the severity with which it had been customary to administer mercury, the name of Boerhaave must not be forgotten; he stood forth as a warm champion of the decoctions of sarsaparilla and guiacum, and was greatly influential in bringing the profession to a more just and temperate appreciation of the powers of mercury. It is well known with what zeal this subject was taken up by his commentator, Van Swieten, who having the control of the medical department of the army, at Vienna, sent a certain number of soldiers to the hospital of St. Mark, in order to ascertain the merits of the milder plan of treatment by the corrosive sublimate, and all of them so sent, with the exception of six, who were affected with incurable caries of the bones prior to their admission into the hospital, were discharged cured. To this successful experiment must be ascribed the prevalence of the same practice in most parts of Germany to this day. But opposed to the employment of mercury, we must not forget to mention the names of De Blegny, and more especially of the great Morgagni: the first of these writers was decidedly adverse to the use of mercury, and the latter makes use of the following remarkable expressions: "When I went to Bologna, as a young man, both the external and internal use of mercury was nearly deserted, and I never heard of its being used during the eight years I remained there, either one way or other, in the treatment of the venereal disease."

But notwithstanding these and other authorities, we have repeated proofs in the first half of this century that the state of practice in this disease was far from settled; that cases of the most severe suffering, rebellious to the usual methods of cure, were then so common, that new remedies were eagerly sought for and brought into notice, enjoying an ephemeral reputation only to give place to what was already established: among these the volatile alkali was loudly extolled by M. Peyrehle, but it is not necessary for me to do more than mention the fact: this remedy soon sunk into oblivion: the same may be said of the mezereon root, the powers of which were indeed supposed to be restricted to the cure of nodes and osteopic pains, and which still holds a place as an ingredient in the compound decoction of sarsaparilla. This medicine again became the object of investigation and inquiry by Sir William Fordyce, who has given an account of his experiments in the Medical Observations and Enquiries; and the conclusions to which he arrives are so strong, and so much in unison with what we now hear, that I am tempted to quote them. He says, that this preparation of the sarsaparilla will commonly remove, in a very short space of time, venereal head-aches and nocturnal pains, and, if persisted in, will always effect a cure. In emaciated or consumptive habits (according to the same respectable authority), from a venereal cause, it is the greatest restorer of flesh, strength, and colour: when the throat, nose, palate, or the spungy bones in general, are affected with a slough or caries, it will commonly complete the cure, if persevered in long enough, provided a mercurial course (he means by inunction) has preceded the use of the sarsaparilla; and farther, he adds, it will, perhaps, always cure whatever resists the power of mercury; and it is therefore probable that we may find, in mercury and sarsaparilla combined, a certain cure for every case that can be properly called venereal.

We see here how very closely Sir William Fordyce advances to the very line of practice advocated and employed by many surgeons of the present day; but yet at that period his experiments made but little impression upon medical men in general, for we are told by Mr. Bromfield, almost at this very time, that he never saw a single instance in which the sarsaparilla cured the venereal disease without the assistance of mercury, either given with it, or taken previously; and Mr. Pearson remarks, that his own observations coincide entirely with those of his predecessor. Still, however, so many obstinate and difficult cases from time to time occurred, even in the practice of those who employed mercury in the most approved manner, that professional men did not abandon the search after some

remedy that might possess the same power over the disease, without bringing those evils in its train which mercury gave rise to. Among these, for they were very numerous, opium, cicuta, and the nitrous acid, may be especially named, since their pretensions were upheld by authors of great reputation, and extensive trials were made of their virtues, with at least partial, or temporary success. Thus, with regard to opium, it was tried very extensively in America, and had a warm advocate in Dr. Michaelis; but excepting that it was occasionally found to overcome nocturnal pains, and still more frequently to allay the irritation caused by a previously profuse exhibition of mercury, it seems to have had no real power over the disease. The same remarks apply to the effects of cicuta; but the nitrous acid has a stronger claim upon our attention. Its employment was much more general; the number of cures performed by it, or at least during its use, were so great, and its admirers were so enthusiastic in its praise, that it continued for many years to make a great impression on the public mind, and bade fair to supersede entirely the mercurial treatment: that it did not do so, we now can well understand, because we know that primary symptoms will get well either with or without any specific plan of treatment; but as sore throats and eruptions were too apt to succeed to these local cures, and as it was not imagined that simple means would also very frequently overcome these, we need not be surprised that the nitrous acid followed the fate of so many other remedies, and was at last neglected as a cure for syphilis, though it still maintains its reputation as a therapeutical agent in other diseases. One of the reasons that contributed to support the reputation of this remedy was the obvious effect it had in producing inflammation and swelling of the gums, and as mercury possessed a similar power, many theorists imagined that the medicinal effects of both remedies were the same, and hence arose the hypothesis that mercury owed its curative powers to the oxygen contained in the majority of its preparations.

It will be perceived from what has been said, that all the efforts made by surgeons at various periods to supersede the employment of mercury, were so far from succeeding, that at the close of the 18th century, almost in our own days, its supremacy was thoroughly established, and in the most triumphant manner: it was generally believed that those unfortunate persons who failed to obtain a cure, or who had suffered the loss of the spungy bones of the palate and nose, or became affected with exostoses or caries of the larger bones, might ascribe their misfortunes to the use of too little, rather than to a superabundance of the remedy; and although other medicines were occasionally combined with the mercury, and sarsaparilla was frequently prescribed as a restorative to the constitution towards the termination of the cure, yet mercury was the *sine qua non*—it was given indiscriminately for every breach of surface on the genitals—scarcely could any cutaneous affection escape the suspicion of a syphilitic origin—nocturnal pains were generally condemned to inunction without mercy or discrimination—and the state of the venereal wards of our public hospitals will not easily be forgotten by those who are old enough to have witnessed the disgusting details they afforded—nay, I am sorry to observe, that this evil has scarcely been abolished entirely in our own days.

I have now brought down the history of syphilis to within thirty or forty years of the present time, and have omitted, I trust, no material facts connected with it: I might have added an account of the various forms of mercurial medicines invented and lauded by different practitioners, but the properties, and relative merits of these different preparations, will more properly belong to that portion of my work devoted to the treatment of the symptoms, and I shall therefore now beg leave to offer to your consideration a remark or two which appear to arise out of the statements I have made, since history would be little better than a mere record of dates, unless we endeavoured to draw from it some useful inferences. In the first place, then, we have seen that at a certain period of the 15th century, a new and terrible disease is announced, rebellious to all the therapeutical means employed in those days, attended by a train of symptoms loathsome in the highest degree, and spreading so universal an alarm, that the governments of several countries thought it necessary to provide an asylum for those affected with it, and to separate them from the

rest of the population: this has been offered as a proof of the superior malignancy of the disease when it first made its appearance, as well as of its possessing a contagious property, independent of the common means of communicating it by the commerce of the sexes: but surely this inference is drawn rather too hastily: that in the course of time the disease has become milder, there can be but little doubt; but the absurd regulations of a barbarous age, when the nature of the disease was so totally misunderstood, and the laws of epidemics were no less so, certainly afford but little solid ground for believing that this was a contagious disease, in the usual acceptation of that term; and in confirmation of this opinion, I may remark, that the seclusion of the venereal patient was abandoned in so short a space of time, as to demonstrate pretty clearly, that the opinions of medical men had changed, not that the disease had thus suddenly altered its character.

2dly, We have seen that mercury was very soon discovered to possess a peculiar power in arresting the progress of the disease, but, as might be expected, this novel remedy was employed without measure or moderation; and most probably, in many cases of an ambiguous nature, not really syphilitic; so that the fatal results of the treatment on one side, and the disease on the other, led to the temporary, but almost total abandonment of mercury as a remedy: here we cannot but be impressed with the very strong evidence given us by men of the first character, as to the curative powers, not of one vegetable remedy only, but of several in succession, and which at length almost entirely superseded the mercurial treatment. We may indeed readily conceive, that both the guiacum and sarsaparilla derived much of their reputation from their employment in those cases where the constitution had been broken down by, or saturated with mercury; yet still we cannot doubt that the venereal disease must frequently have yielded to the use of those remedies, or how can we account for such men as Fracastorius, Fallopius, Fernelius, Palmarius, and a host of other authorities, giving it the preference in their practice? Still, however, mercury, though lowered in fortune, was not entirely abandoned; and some years later we find it again enjoying its pristine reputation, until it received another rude shock from Boerhaave, after which it recovered its character, until it became at length thoroughly established in public opinion, and acknowledged by a consent, almost universal, to be the sole safe reliance of the practitioner in the cure of the disease. One thing, then, appears certain, that the natural history of syphilis was still utterly unknown, or rather, that it had never been enquired into at all. Numerous and learned indeed had been the disquisitions into the nature of the poison, and the seat of the infection; all the sects of medicine had in their turn applied the philosophical theories of the day to the explanation of the phenomena; but the safe, the only rational plan of enquiry, that by experiment and induction, had never been resorted to at all; it was reserved to a later period, and originated in our own country, the birth-place of that sound philosophy to which the present advanced state of all the arts and sciences is chiefly attributable. But before I enter upon this branch of my subject, there is one writer who more especially demands some notice; I mean Mr. John Hunter, who published a treatise on the venereal disease in the year 1786: this is a work on many accounts highly deserving of notice, and will, in its proper place, receive a due portion of our attention. At present I have to remark, that the labours of Mr. Hunter obviously led the way to much that has been more fully developed by others; his researches into the nature of the venereal poison, his original notice of certain affections, resembling syphilis, as well as numerous other novel and ingenious ideas scattered throughout his work, evince the original and comprehensive mind of that great man. It has often been lamented that Mr. Hunter undertook this enquiry without much previous knowledge of what had been written by his predecessors; but whilst I admit the fact, I beg leave to deny the conclusion drawn from it: I conceive, on the contrary, that by entering on his task totally unprejudiced, and drawing solely from the resources of his own mind, he has dispelled more errors, and did more towards elucidating this curious and long contested subject, than any man who went before him. If he did not pursue the enquiry to its fullest extent, he at least opened the path for future research; and the same stamp of originality is to be found in

this work as distinguish the rest of his labours: that it has many faults, some of them of a serious nature, I certainly must admit; want of perspicuity has been ascribed to it by Mr. Hunter's most enthusiastic admirers, and it will be my duty to point out to you, in the proper place, many contradictions, and even some practical directions, which are now justly exploded. There is, however, yet another writer whose labours demand a little of our notice, though, by a fatality which is often observed, and not to be accounted for, his work made but little impression on the public mind, and seems now to be almost forgotten: I allude to Dr. Clutterbuck's pamphlet, published in 1799, and entitled, Remarks upon some of Mr. J. Hunter's opinions on the Venereal Disease. The most remarkable passages of this work relate to the belief of the possibility of curing many forms of the venereal disease, not only without mercury, but without medicine of any kind; or in plain language, admitting that they might undergo a spontaneous cure. Thus you perceive how very nearly this gentleman advanced to the very conclusions which have since been the result of direct experiment; and that, in fact, as a late excellent writer has remarked, he may justly claim the merit of having distinctly pointed out to us that the mere circumstance of a disease giving way, and being cured without mercury, is no proof that the case is not venereal.

[To be continued.]

PATHOLOGICAL AND SURGICAL

OBSERVATIONS

RELATING TO

INJURIES OF THE BRAIN.

By B. C. Brodie, F.R.S.

Surgeon to St. George's Hospital.

(Continued from page 205.)

Wounds of the Brain and its Membranes.

Wounds of the dura mater, greatly as they aggravate the ultimate danger of the case, do not in themselves add to the symptoms which immediately follow the accident. It is when the period of inflammation has arrived, and not until then, that the marks of punctured or lacerated dura mater shew themselves.

The pia mater and tunica arachnoides are so thin and delicate in their structure, and so intimately connected with each other, and with the brain itself, that we cannot conceive them to be wounded without the brain being wounded also. It would be idle, therefore, to treat of these two classes of injury as being distinct from each other.

The researches of modern science have demonstrated that the brain is composed of various organs, intended to exercise very different functions: and the division of the substance of the brain made by the hand of the physiologist produces very different effects, accordingly as it detaches one or another of these organs from the rest of the nervous system. But those distinct results which are obtained with difficulty in experimental physiology, are not met with in cases of accidental wounds. The symptoms produced by the latter are always liable to be complicated with those of concussion, and in a great number of instances are also complicated with those of compression of the brain. Accidental wounds rarely affect the cerebellum and medulla oblongata, or even the more deep-seated and important parts of the cerebrum: and with respect to wounds of the cerebrum, such as are commonly met with, even without the complications produced by concussion, or depression of bone, or extravasated blood, we find their effects to be so different in different cases, that they do not admit of being reduced to any general rule; and no data, which we have hitherto obtained, will enable us to predict the exact consequences to be produced by a wound of a given extent, or occurring in a given situation.

In illustration of this observation I may refer to two cases, related, the one by Morgagni *, the other by Dr. Hennen †. In the first of these cases, a man received a punctured wound from a sharp instrument, which passed between the eye and the roof of the orbit, penetrating through the latter into the substance of the cerebrum to within a finger's breadth of the lateral ventricle. In the second case, the extremity of an iron ramrod entered the cranium immediately below the nasal process of the frontal bone, and penetrated one inch

* Letter 51. a. 57.

† Military Surgery, p. 286.

into the anterior lobe of one hemisphere of the cerebrum. In each of these cases the wound was of the same kind, and very nearly in the same situation: but in one of them it was considerably deeper than it was in the other. It might well be supposed that there would have been some correspondence in the effects produced:—but what were the actual results? In Dr. Hennen's case, where the injury was the slightest, the patient was instantaneously deprived of life; while, in Morgagni's case, where the injury was greatest, there were no symptoms whatever, and the patient was as if nothing unusual had occurred until the third day, when suppuration was established.

Of these two cases, however, it must be allowed that the latter is to be regarded as being more in accordance with the general rule than the former. The experience of every individual who has had the opportunity of seeing many cases of injury of the head, will afford examples of wounds penetrating into the substance of the brain, as well as of incised and lacerated wounds, in which the functions of the brain were not at all impaired, or only slightly impaired in the first instance. Even actual loss of the substance of the brain not unfrequently takes place without the occurrence of any urgent symptoms, and the patient may go on from day to day, with fresh portions of the brain oozing out of the aperture in the cranium, with his external senses perfect, his mental functions unimpaired, and free from paralytic affection.

It is not, however, to be supposed that there can be an extensive destruction of a part so important as the brain, without immediate death, or death in the course of a very few hours. In other cases in which the brain has been extensively lacerated, it has appeared to me that without the actual insensibility which follows concussion of the brain, there was a confusion of intellect beyond that which concussion usually produces. In many cases of wounded brain there are convulsive twitches of the muscles of the extremities. In a case in which there was fracture of the parietal bone, several splinters of bone having been driven into the substance of the cerebrum, on the splinters being removed, and when no evident cause of mischief remained except the wound which they had occasioned, the pupil of the eye of the opposite side remained preternaturally dilated. This is what might have occurred in consequence of pressure on the brain. It corresponds also to what we observe in cases of pressure, that wounds of the brain sometimes occasion an unnatural slowness of the pulse. But the more urgent symptoms of pressure are wanting; and the peculiar danger of wounds of the brain arises, in the great majority of instances, not from the immediate effects of the injury, but from the extensive and intractable inflammation which takes place afterwards.

On some other Symptoms following Injuries of the Brain.

The symptoms of which I propose to give an account in the present section, also belong to the class of those which immediately follow an injury of the brain, that is, which shew themselves previous to the occurrence of inflammation. I have, however, thought it better to give them a separate consideration, because there may be some doubts as to the exact nature of the injury of which these symptoms are to be regarded as the indication, and because there are several points respecting them which require to be elucidated by further observations.

1. A middle-aged man received a blow on the head, and was brought to the hospital with symptoms which were supposed to arise from concussion of the brain. These symptoms subsided in the course of one or two hours, but he remained afterwards completely deaf. His relations declared that his hearing had been perfect up to the period of the accident. He left the hospital at the expiration of three weeks, without the smallest amendment.

A young woman received a blow on the head, by which she was stunned for a few minutes. After she recovered from the immediate effects of the accident, she found herself entirely deprived of the senses of smell and taste, and she was in this state when I saw her a month afterwards. The strongest and most pungent odours produced not the slightest sensation when applied to the nostrils; but they nevertheless increased the secretion of the lachrymal glands, or in common language made the eyes water, as under ordinary circumstances.

A middle-aged man slipped while

walking, and struck the back of his head against the road; he was stunned for five or six minutes, then recovered so as to walk home. He saw objects double during that evening, and it was observed that he was deaf in one ear. He was kept awake by violent head-ache during the night. On the following day he had recovered from the double vision, but the other symptoms continued, and in addition to them he discovered that he had entirely lost the sense of smell, and that there was also a partial loss of the sense of taste. He was bled several times, and kept on a low diet, and under this treatment the head-ache gradually subsided, and at the end of about four months he had recovered his sense of hearing. When he consulted me, between five and six months after the occurrence of the accident, he was in the following condition. His pulse was 72 in a minute. He complained of a sense of noise in the right side of the head, especially in the morning and evening, but not during the night. He was impatient and irritable, especially when troubled respecting matters of business. He had no proper sense of smell, common odours were not perceived at all; but he *felt* the pungency of smelling salts, and they made his eyes water. With his taste he could distinguish bitter, sweet, and sour, but he was unable to distinguish flavours accurately. For example, he could perceive the difference between the taste of hops and that of sugar, but not between that of fennel and parsley; and the flavour of game was the same to him as that of other meat. Bitters had become disagreeable to him, though they had not been so formerly.

The late Mr. Grover, of Hammersmith, informed me of the case of a gentleman who had been under his care on account of an injury of his head, which entirely deprived him of the sense of smell. After some time, however, he began to recover of this symptom, and at the end of a year his smell was completely restored. I have already given an account of a case in which an injury of the head was followed by total blindness with permanent dilatation of the pupils, and this was found to have depended on a fracture and displacement of the bone in the basis of the cranium producing pressure on the optic nerves. But here there were other symptoms manifestly on compression of the brain itself; whereas no such symptoms existed in the cases which I have just related. It is, indeed, difficult to conceive that pressure on the brain should exist in so great a degree as completely to destroy an entire class of sensations, and at the same time be so partial as not to affect any other function of the nervous system. On the other hand, it is also difficult to regard these as the effects of concussion of the brain; since it is one of the characteristics of concussion to produce no more than a diminution of sensibility, and that diminution, instead of continuing for months or years, is completely relieved in the course of a few days, and probably in a much shorter space of time. However produced, these are not the only examples which experience affords of partial nervous affections following an injury of the brain. Dr. Hennen gives the history of a patient who lost his sexual powers after a wound of the occiput. The same author observes, "The powers of speech are often lost while those of memory remain, and the sight is impaired while the hearing is perfect, and *vice versâ*. I have met with numerous instances of this, and have had patients who told me that they could hear distinctly what I said, and distinguish my voice from that of others, and have repeated my words as a proof both of this fact, and of their retention of memory, while they could not distinguish my person or give utterance to their thoughts *.

2. In some cases after an injury of the brain we find the patient attacked by violent convulsions affecting the whole person, and entirely different from those slight involuntary twitches of the muscles which have been already noticed. These convulsions a good deal resemble those which constitute a fit of epilepsy, but are not, like the latter, uniformly followed by a state of profound sleep or stupor. They are more formidable in appearance than in reality, as it is not uncommon for the patient, after the convulsions have subsided, to recover without any unfavourable symptoms. A young man, a butcher, was standing under a beam of wood which supported a side of beef, when the beam gave way and fell. The side of beef

* Hennen's Military Surgery, p. 305.

came obliquely on his back, and the beam by which it was supported struck his head. He was not immediately stunned, but in about a minute he became insensible, and in ten minutes more he was seized with a fit, in which he was violently convulsed, so that four or five persons were required to hold him. He was bled, but without relief. The fit of convulsions lasted for nearly three hours, and then suddenly left him. He now complained of pain in the head, but was perfectly sensible. He recovered without any further symptoms, except that the pain in the head continued, and on this account he was bled twice or three times in the course of the ensuing week or ten days.

A gentleman, on the 8th of September, 1825, was thrown from his horse, and falling on the pavement received a blow on the arm which occasioned a fracture communicating with the elbow joint, and another blow which caused the scalp to be separated for a considerable extent from the anterior part of the head, and also occasioned a fracture of the frontal bone, but without depression. He was taken up in a state of insensibility. He was in this state a few minutes afterwards, when he was seized with violent convulsions, his limbs being moved in various directions, and with such force, that it was with much difficulty that several persons could hold him. The convulsions continued for about half an hour, when they subsided, leaving him in a state of stupor. Blood was now taken from his arm, after which he began to regain his sensibility. On the following day his sensibility was completely restored, and he recovered without any further unfavourable symptoms.

In these cases the convulsions took place within a short period after the occurrence of the accident; but there are others in which the patient is affected in the same manner, after the lapse of several days. Here the convulsions must often be combined with symptoms of inflammation, so that it may be difficult to determine whether they are to be regarded as connected with the original mischief produced by the injury, or as arising from the subsequent inflammation. The following case, however, seems to prove that in some instances at least the convulsions which occur even at this second period depend on the former cause and not on the latter.

A lad, 14 years of age, received a blow on the head, and became instantly insensible. He did not utter an intelligible word, nor could he be prevailed on to show his tongue, nor to swallow either medicine or the liquid nourishment which was offered to him. However, he moaned when disturbed, the pupils of his eyes were sensible to the stimulus of light, and there was neither stertor nor paralysis. These symptoms slowly subsided, and no new symptoms, such as could be regarded as the result of inflammation, had shewn themselves, when at the expiration of five days after the accident he was seized with convulsions agitating his whole person. Blood was taken from him by cupping, but this afforded no relief, and in the course of the succeeding twenty-four hours he had as many as fourteen or fifteen attacks, each lasting from one to three minutes. On the following day, the state of the pulse not being such as to indicate the necessity of the further abstraction of blood, I determined to pursue an opposite plan of treatment. He was prevailed on to take beef-tea with toast; this was repeated at short intervals, and from the time of his beginning to take more nourishment the convulsions abated, and in the course of another day had wholly ceased. From this time his recovery proceeded uniformly and favourably.

In two of the cases which have been just related the other symptoms were such as might have arisen, and probably did arise, merely from concussion of the brain. This however does not prove the entire absence of extravasation, and there are some circumstances which may lead to the suspicion that something more than concussion is necessary to produce such attacks of convulsions as those which have been described, and which at any rate shew that they may arise from other causes.

First, I have observed in experiments on animals that a wound on the basis of the brain which causes extravasation of blood on the surface of that organ, generally produces convulsions previous to that state of stupor and paralysis which immediately precedes death.

Secondly, the ordinary symptoms of concussion occur, and indeed are more complete, immediately after the injury

is inflicted than at any subsequent period; whereas, according to my experience, convulsions never occur until after a certain lapse of time, when extravasation may have begun to take place.

Thirdly, the following case occurred in St. George's Hospital, under the care of Mr. Keate. A man was admitted who had fallen from the top of a coach, and had struck his head. He was stunned, and continued insensible after being brought to the hospital. At the end of two days, when he had begun to recover from this state of stupor, he was seized with violent convulsions, affecting not only the muscles of his limbs, but also those of his face. The first attack of convulsions continued about six minutes, but this was succeeded in the course of an hour and a quarter by four similar attacks, and in spite of a considerable quantity of blood being taken from the arm. At the end of this time Mr. Keate saw him, and made an incision through the scalp at that part which had received the violence of the injury. A fracture about an inch in length was discovered at the posterior part of the parietal bone, extending into the lamboidal suture, with a slight depression. At this part Mr. Keate applied a saw, and removed the depressed portion of bone. A small coagulum of blood was found lying on the surface of the dura mater, and this having been exposed, there was no recurrence of the convulsions.

I have not observed convulsions to take place where there are symptoms indicating the existence of considerable pressure on the brain. The pressure in these cases does not destroy the functions of the brain; it seems to act merely as a cause of irritation, and the operation of it may be compared to that of an exostosis, or other tumor, in producing fits of epilepsy. The circumstance of convulsions taking place after the lapse of some days, when they did not take place in the first instance, may probably depend on the brain having been rendered more susceptible by the loss of blood, and other methods of depletion, to which it was necessary to have recourse for the relief of the more early symptoms.

3. Occasionally, after an injury of the head, we find the patient in a state of furious delirium, raving and unmanageable. A man who had received a blow on the head was brought into St. George's Hospital in this condition, uttering loud exclamations, abusing and striking those who were near him, so that it was necessary for several persons to assist in holding him by force, as if he were a maniac, while blood was being taken from his arm. As the blood flowed the delirium left him. He remained with slight symptoms of concussion; and these also gradually subsided, leaving the patient in a state of health. Cases such as this might lead us to regard this state of furious delirium as the consequence of mere concussion of the brain; but the same observations may be made respecting these cases, as respecting those in which there are convulsions. The absence of the more urgent symptoms of pressure on the brain does not absolutely prove that no degree of pressure actually exists; and instances occur in which this state of the sensorium is manifestly combined with depression of bone or extravasated blood. For example:—A middle-aged man, who had received a blow on the head, was brought to St. George's Hospital an hour after the occurrence of the accident, in a state of raving delirium. There was a wound over the right eye-brow, and a fracture of the frontal bone, extending obliquely upwards, with a considerable depression. The depression, however, was not elevated, as the delirium subsided on blood being taken from the arm. After this the man fell into a state of insensibility, from which, however, he could be roused, and then he complained of head-ache. On the following day he was more sensible, and from this period he recovered without any bad symptoms; but it was observed that the pupil of the right eye remained preternaturally dilated, and that it contracted very feebly on exposure to light.

A middle-aged man fell from a cart, and struck his head against the wheel. In about half an hour he was brought to St. George's Hospital: he was sensible, and complained of pain in the head, but more of pain in one arm, which was discovered to have been fractured. At this time he had no other symptom except that the right pupil was more dilated than the left. There was a wound of the scalp, and a fracture, with a slight depression, of the anterior and inferior part of the left

parietal bone. He was put to bed, and while his head was being shaved he became delirious, furious, and unmanageable, so that it was necessary to restrain him by main force. On being bled, he became faint, tranquil, but not perfectly sensible. In half an hour the faintness had subsided, and he relapsed into his former state of raving delirium. He was again bled, and became more tranquil, but still not perfectly sensible. In the evening, twelve hours after his admission, as he continued insensible, Mr. Gunning applied the trephine in the situation of the fracture, and removed a portion of the bone. The man appeared to be relieved, and spoke rationally after the operation. On the following day he was quiet, and sensible when roused; but not so to ordinary impressions. Early on the next morning he fell into a state of stupor, with stertorous breathing, a slow pulse, and cold extremities, and soon afterwards expired. On dissection there was discovered a disjunction of the coronal suture, in some degree separating the parietal and frontal bones from each other. From a drachm to a drachm and a half of blood was extravasated between the dura mater and the right side of the frontal bone, and the right parietal bone. There was also in some parts a slight degree of extravasation in the cells between the tunica arachnoides and pia mater. A small quantity of pus was found both between the dura mater and the bone, and between the tunica arachnoides and pia mater.

In another case, where the patient was admitted into the hospital with the same symptoms of furious delirium, after the delirium had subsided he fell into a state of perfect stupor, from which he could not be roused until 20 ounces of blood had been taken from the arm; and when the immediate effects of the blood-letting had subsided, he again relapsed into the same state of stupor. The pupil of one eye was observed to be preternaturally dilated, contracting in some degree, but imperfectly, on exposure to light. This patient ultimately recovered, and of course it was not possible to be made acquainted with the exact nature of the injury which he had sustained; but I was led to regard the state of complete insensibility in which he for some time lay, joined with the dilatation of one pupil, as a sufficient indication of the existence of pressure on the brain to a greater or less extent.

From the evidence here adduced, there seems reason to believe that furious delirium and convulsions occur after an injury of the head under nearly parallel circumstances. The former symptom, like the latter, may be produced by pressure on the brain; not, however, by such a degree of pressure as threatens completely to annihilate the function of that organ, but by that smaller degree of pressure which operates merely as a source of irritation. It must be admitted, however, that the subject is not exhausted, and that further observations are required for its complete elucidation.

[To be continued.]

ON CONTRACTIONS AFTER BURNS.

Abstract of a Clinical Lecture,

By H. Earle, F.R.S.

(Concluded from page 177.)

The occurrence of contractions after large ulcerations, where the subcutaneous tissue has been extensively destroyed, is so frequent a subject of regret among surgeons, and so constant a source of blame among the parents and friends of the unfortunate sufferers, that I trust no apology is necessary in offering the following observations on the case which was operated on last Saturday, although it did not occur in my own practice.

As the operation which was then performed by Mr. Lloyd was first introduced into practice by myself, I may be allowed to offer some comments on the principle on which it is grounded, and the views I entertained in recommending its adoption. I have said, that these contractions are a source of blame to surgeons. In many instances such reproaches are merited, as much may, and ought to be done, to prevent them, by proper and strict attention to position during the progress of the healing process; and many limbs are suffered to continue in a bent position, by which the sides of the wound are approximated, and a smaller surface is left for cicatrization, even when such wounds are in the immediate vicinity of a joint. By such practice the perma-

nent benefit is often sacrificed to remove a temporary evil: the wounds may be sooner healed over, but the limb may for ever after remain contracted and useless. In many instances not only will most serious injury infallibly accrue from such practice, but even the temporary advantage supposed to be gained will prove entirely fallacious; for every attempt to extend a limb which has been thus treated, will crack the cicatrix, and cause it to ulcerate on its surface, even for many months after the apparent healing of the wound. If, therefore, any argument were requisite in addition to that of preventing deformity and lameness, to induce you to bestow great attention to position during, and long subsequent to cicatrization, in all instances where the wounds are in the neighbourhood of joints, I am fully convinced, from extensive experience, that you will thereby gain much time in effecting a permanent and perfect cure. Frequently, however, such contractions do not depend on any inattention on the part of the surgeon, but are the result of a natural process which follows cicatrization, and which has often baffled all the efforts of art to control. This process consists in an absorption of the granulations on which the new skin has been formed, by which the cicatrix is made to occupy a much smaller extent than the originally ulcerated surface. Perhaps it would be speaking more correctly to say, that the granulations, which are at first florid and extremely vascular, after having deposited the new skin, receive a smaller proportion of blood, become paler, and diminished in bulk, and consequently occupy much less surface for the new skin. In many cases, such as amputation, where sufficient integuments have not been saved to cover the bones, this process is very salutary, as it is essential to have the smallest possible extent of new skin on a surface which is to be subject to much pressure; but when it occurs in the neighbourhood of the neck, or in the flexure of joints, it often causes the most distressing contractions and deformities. The force with which this gradual process acts is truly astonishing—"gutta cavat rupem non vi sed sæpe cadendo"—as the repeated drop of water will in time undermine the firmest rock, so will this slow but powerful process effect the most extraordinary changes in the form. I have known it draw down the chin upon the stomach, and approximate the shoulder so much, as to cause a partial absorption of the clavicles, and completely to alter the dimensions of the thorax. To superficial observers, unacquainted with the nature and extent of the mischief, it would appear that the whole evil depended on the contracted integuments, by a simple division of which the limb would be instantly set at liberty. So deceptive is this appearance, that I have more than once known surgeons indulge this vain hope of affording relief, until a painful and ineffectual operation has convinced them of their error.

In recent cases occurring in any of the extremities, the contraction may be confined to the integuments, by dividing which the deformity may be for a time removed; but the same cause continuing to operate, will produce the same effect, and the cicatrix will again contract after the wound is suffered to heal up. When the contraction has been of longer duration, the muscles acquire a new sphere of action, and afford an additional and powerful opposition to the free exercise of the limb. Lastly, when it occurs about the thumb, even the bony fibre becomes moulded and adapted to particular forms, by the powerful constriction exerted on it by this gradual but certain process. In such cases, it is hardly necessary to add, that the most severe operations cannot afford a prospect of even temporary alleviation. From having witnessed several such operations, and the repeated and ineffectual transverse divisions of such contracting bands, I was induced to adopt a different mode of proceeding in a case which fell under my care at the Foundling, in the year 1813. Being well aware of the inefficacy of a mere transverse incision, I proposed to remove the whole cicatrix, and to endeavour to approximate the healthy integuments from the two sides of the arm, which was to be kept extended on a splint, not only during the healing of the wound, but for a considerable time after the cicatrix had formed—until, indeed, all those changes which I have just described had been fully accomplished. By such practice, I conceived that the contraction which I knew must follow so extensive a wound, would take place in a lateral direction, and not in the long axis of the limb. In a word, I hoped to

be able to *direct* and *modify* that which it was not in my power to prevent, and thus, at all events, counteract its injurious effect. This is the principle of the operation performed on Saturday last, and is the one which I most strenuously wish to inculcate in the treatment of burns and large wounds in the flexure of joints and their neighbourhood—as the same plan of treatment, judiciously persevered in, will effectually prevent that which can only be subsequently relieved by a severe operation. In the case of Wm. Rule (the foundling already alluded to), the success attending this practice exceeded my most sanguine expectations. To this day his arm continues perfectly straight. I have since that repeated the operation many times, and, in a large majority of cases, with success. Mr. Brodie, Mr. Hodgson, Mr. James, Mr. King, and many others, have adopted the same mode of proceeding, and have applied it to cases of contraction of the neck, with more or less benefit. The operation has occasionally failed, but I believe most frequently for want of sufficient perseverance in maintaining the extension of the limb for a sufficiently long time after the healing. This should be persevered in for many months, until all the changes have taken place in the cicatrix, in the lateral instead of the longitudinal direction.

You must not expect in these cases, particularly when they have existed for a considerable time, to be able at once to straighten the limbs: this must be effected by a gradual process. In several instances I have not been able to effect more at the time of the operation than Mr. L. accomplished last Saturday; yet, by perseverance, I have perfectly restored such limbs.

[Here Mr. Earle mentioned some other cases, and particularly one of sixteen years standing, which was perfectly restored.]

One observation more before we part: there is something very peculiar in the degree of scirrhous hardness which takes place in a cicatrix after a burn, which I do not pretend to understand or explain, unless it depends on the extensive destruction of the subcutaneous cellular tissue, which so often takes place. This will at times amount to a morbid increased growth, to a considerable extent, which will have, when cut into, all the characters of true scirrhus. Such a case occurred to me last year, in the person of a young woman, of whose neck I now present a drawing. In her case I operated, and removed one of the pendulous portions, and brought the integuments accurately together. Erysipelas supervened, and prevented the healing by adhesion: the surface granulated, and after it had healed, the same diseased growth returned, nearly to the same extent. This is the only instance of the kind which I have met with, and appeared to depend on some peculiarity in the individual, as the whole original cicatrix was removed.

Since the above Clinical remarks were delivered, Mr. Earle has operated on two additional cases, which are now under treatment in St. Bartholomew's. In one the chin was so much drawn down upon the sternum, as to prevent the closing of the lips. After the operation the child was able to close its mouth, and raise the chin to its natural elevation. The surface of the wound is granulating, and the child is directed to wear a stiff collar, which presses on the clavicles below, and under the chin above.

The other case was operated on yesterday (Saturday, July 12). A child about 10 years old had the right arm contracted to a right angle, in consequence of a burn on the outer side of the arm, fore-arm, and in the flexure of the joint. The case had been treated at the Westminster Hospital, and no attempt had been made to keep the limb extended during, nor after cicatrization. Mr. E. detached the horny cicatrix, and dissected it from below upwards: in doing this he exposed two considerable cutaneous veins, and divided one branch, which bled freely. In this case, the contraction being more recent, the arm was nearly straightened immediately after the operation. Mr. E. remarked that he had never operated on a case in which the contraction yielded so readily, and to so great an extent.

The case on which Mr. Lloyd operated, and which called for the preceding Clinical remarks, has gone on most prosperously. Although the relief was not great at the time of the operation, in consequence of the extent and duration of the cicatrix, we are happy

to say, the arm, with the assistance of a simple mechanical contrivance, has been gradually extended, and is at the present time nearly straight.

EXPERIMENTS

SERVING

To determine the Question whether, in Cases of Poisoning, it is possible to discover the Nature of the Poisonous Substance, even a long time after Death.

By MM Orfila & Leseur.

These experiments, which appear to have had for their foundation judicial questions proposed in certain obscure cases of poisoning, have been conducted with equal patience, perseverance, and ability. The distinguished authors were aware that their difficulties would increase the farther putrefaction was advanced; and also that it would be much more easy to detect mineral than vegetable poisons, since these last lose their chemical properties by decomposition. Nevertheless, they have arrived at this remarkable conclusion—that if animal matters, mixed with a mineral poison, are immersed in a liquid, it is impossible, after a certain time, to recognize the poison in the liquid—but that it is decomposed, combined with the animal matter, or precipitated in the form of a powder, or magma; whilst vegetable poisons are always discovered in the liquid, and are only decomposed in part. MM. Orfila and Leseur instituted two sets of experiments:—1. Mineral and vegetable poisons, in large and small doses, dissolved in about a pint of water, were mixed with animal matter, and exposed, in vessels with large mouths, to the open air, for ten, fifteen, and eighteen months;—the water was renewed in proportion as it evaporated. 2 The same poisons, mixed with alimentary matter, such as albumen, meat, gelatine, &c. were enclosed in stomachs and intestines, which were placed in deal boxes, and buried in the earth to the depth of two feet and a half. After the lapse of several months, these boxes were opened, and their contents analyzed. On the other hand, in order to ascertain up to what period after death vestiges of the intestinal canal could be traced, dead human bodies were buried in deal coffins to the depth of four feet and a half, and disinterred one month, six months, ten, or even seventeen months afterwards. From these experiments, which are not yet concluded, it appears that even some years after death, and when no other remaining soft part is cognizable, that, on the sides of the vertebral column and in the abdomen, there is to be found a kind of brownish paste, or grease, which is evidently the remains of the digestive canal, and in which part the poisonous substance may be found, either altered or in its natural state. The results of the experiments are as follow:—

Sulphuric Acid, 1st concentrated.—It is possible to distinguish its presence many months, or even years, after its mixture with animal matter. 2dly, *Very weak*, and mixed with substances which, during putrefaction, having given out a good deal of ammonia, it is saturated by this alkali, so as to leave little or no free acid at the end of a few months. In this case, the probability of poisoning is very weak; but if a certain quantity of free acid remained, its existence would be proved with certainty by treating the liquid with pure subcarbonate of lime.

Nitric Acid, 1st concentrated.—This is cognizable several months after its mixture with animal matter, and whilst putrefaction is at its height. To succeed, recourse must be had rather to potash than to metallic copper. 2dly, *Weakened* with water, and used in small quantity, being actively saturated by ammonia resulting from the decomposition of bodies, the existence only of nitrate of ammonia can be proved; which, as it may result from putrefaction alone, does not necessarily imply poisoning.

Arsenious Acid.—It is possible to detect the presence of this acid even after the lapse of some years: nevertheless, to succeed in this, it must be freed from the greater part of the animal matters with which it is mixed, by evaporating to dryness the liquor containing it, and by shaking, for several minutes, in boiling distilled water, the product of the evaporation. If the arsenious acid has been employed in the solid form, it is not impossible, even a long time after interment, to discover here and there small grains, which, being detached by the help of a penknife, will present all the characters of this poison. Finally, as, in process of time,

it becomes changed into arsenite of ammonia, it may happen that, after the lapse of some years, it may not be possible to discover it, because this arsenite being *much more soluble* than the arsenious acid alone, may have passed through the holes of the coffin, or filtered through the wood. Employed in a large quantity, this acid arrests the process of animal putrefaction.

Corrosive Sublimate.—This poison, dissolved in water, is very easily decomposed by animal matter; so that it is not possible, after some days, to demonstrate its presence in the liquid, otherwise than by means of a plate of gold, and one of tin, assisted by the action of the hydrochloric acid. The more animal matter employed, the more sublimate will be decomposed. It does not appear, however, that they can decompose the whole of the sublimate; since, by the assistance of the plate of gold, it has been possible, at the end of *many hours*, to produce *an atom* of metallic mercury from a solution of six grains of sublimate mixed with a *great quantity* of animal matter. In every case, by treating these matters, which having decomposed the sublimate, with heat and with potash, it is possible to produce metallic mercury, even several years after the sublimate has acted upon them: therefore, if the presence of this metal does not prove the existence of sublimate, it proves, at least, the presence of some mercurial preparation.

Tartar Emetic.—This, mixed with animal matter, is decomposed in a few days; so that the tartaric acid is destroyed, and the oxyde of antimony precipitated. It is, then, impossible to detect it by the reagents usually employed; but metallic antimony may be obtained from the animal matter, even after the lapse of some months. The above alteration is rather the action of water and air upon the salts, than of the animal matters; for experiment proves that a solution of three grains of tartar emetic in one pint and a half of distilled water, exposed to the air, undergoes the same decomposition; and that it is no more possible to recognize the presence of this salt at the end of thirty or forty days, than if gelatine or albumen had been added to it.

Acetate of Lead.—Experiment proves that it is not in the liquid in which it has been dissolved that this salt is to be found, if it has been in contact with animal matter; for it needs only the lapse of a short time, and not a single atom remains in the solution: but a certain quantity of metallic lead may be obtained by drying the blackish-grey precipitate and the animal matter, and calcining them in a strong heat.

Proto-hydro Chlorate of Tin.—Very little time elapses before the animal matter decomposes a watery solution of this substance. It is obtained by drying separately the intestines, and a greyish flocculent matter, which is precipitated. By calcination, the metallic tin is produced.

Sulphate of Copper.—By mixture with animal matters, the deuto-sulphate of copper in solution is decomposed so entirely, that, after a certain time, not any remains in the liquor. Nevertheless, this decomposition is not so rapid that a portion of the salt may not be found in solution after the lapse of a few months, if the operation has been performed with a few drachms of the deuto-sulphate: but in every case where the salt of copper cannot be found in the liquid, take the solid matters and heat them with charcoal to obtain the metal, whilst another portion of the charcoal should be heated with nitric acid, to obtain the nitrate of copper.

Verdigris.—By remaining in contact with animal matter in the earth, it decomposes itself, and the deuto-oxyde of copper forms, with the fat of the dead body, a sort of soapy matter, insoluble in water. In a case of poisoning by this substance, it would be possible to demonstrate the presence of deuto-oxyde of copper by means of hydrochloric acid and calcination, many months, or even many years, after interment.

Nitrate of Silver.—This substance, when dissolved, is rapidly and completely decomposed by animal matters; so that it would be necessary to endeavour to reproduce the metal from the solid substance, if called upon to pronounce upon a case of poisoning by this metal. By drying and calcining separately the intestines and a brownish flocculent precipitate which was formed in the experiment, metallic silver was produced.

Hydrochlorate of Gold.—The same result as in the preceding case.

Acetate of Morphia.—1. In a case of judicial disinterment, it is possible to detect the presence of this salt seve-

ral months after death, or of morphia simply. 2. In order to do this, not only must the liquids be acted upon, but the suspected solid contents; because, if the poisoning had been accomplished by a watery solution of the acetate of morphia, this might have been decomposed, and the morphia partly precipitated. 3. Less morphia would, in truth, be precipitated than might be supposed; because, part that had been decomposed would be redissolved by the ammonia formed during putrefaction. It is already known that in precipitating morphia in a weak solution of the acetate, by means of ammonia, it is sufficient to agitate the precipitate for a few moments, and, in a mixture of water and ammonia, to redissolve it. 4. To obtain the morphia existing in the solid parts, these parts must be treated several times with alcohol; then, evaporating the solutions, treat the product with water mixed with acetic acid;—without this precaution, it would be difficult to separate the morphia from the fat of the dead body, which is formed abundantly when the body is in the earth. If, by chance, the liquid should be coloured, the colour may be removed by heating it with animal carbon purified, or by filtering it several times through that substance, without having recourse to the subacetate of lead, or hydro-sulphuric acid, which, to say the least, is useless. 5. It is easy to see, in comparing the action of nitric acid, and of the trito-hydro chlorate of iron, upon the substances that have been the subject of experiment, that the nitric acid has constantly reddened them, even when slightly coloured, whilst the salt of iron has only given them a blue tint when they were before perfectly colourless; and in some cases it has produced a reddish colour, although the matters were colourless. 6. It would be rash to pronounce *affirmatively*, in a judicial inquiry, that poisoning, by a preparation of morphia, had taken place, only because the blue and red colours had been observed: these would form merely a slight presumption. 7. This would not be the case if chrystallized morphia could be obtained (as in the experiments) insoluble in water and ether, soluble in alcohol and in nitric acid, fusible in a gentle heat, and possessing, in short, all the known characters of that substance; then it might be affirmed that the matter so treated was morphia.

Hydro-Chlorate of Brucine.—It is possible to prove the existence of this salt and of brucine in the digestive canal many months after death; but, as in the former case, mere colour cannot be relied upon, but the substance itself must be produced.

Acetate of Strychine. — Detected many months after death, when mixed with animal matter, even though the mixture has been exposed to the air.

Hydrocyanic Acid.—From the experiments of M. Lassaigne, it is proved not to be possible to demonstrate, by chemical means, small quantities of this acid three days after death. The disappearance of the poison depends upon its decomposition.

Opium.—1. The morphia existing in opium is not changed by its contact with animal matter, any more than the acetate or any other salt containing it. 2. It is much more difficult to prove the existence of opium when introduced into the stomach of a dead body, than merely a salt of morphia. 3. In any case, it is not possible to pronounce *affirmatively*, upon a case of poisoning by opium, but by recognizing all its chemical and physical properties. This is not impossible to be done several days after death; but it may not be so easy to prove that the poisoning has taken place by mere opium, by morphia, or by one of its salts.

Cantharides.—An intestine containing a drachm of cantharides, powdered and mixed with meat and the white of an egg, were disinterred at the end of nine months: the matter contained in it was converted into the fat of dead bodies, and here and there was seen, by the naked eye, a multitude of shining points, of a beautiful green, formed by the powder. By treating the mass with boiling water, the fat was melted, and came to the surface in the form of a layer of oil, whilst the bright particles fell to the bottom;—these possessed all the qualities of cantharides.

The Memoir is terminated by a question proposed by the authors themselves—viz. whether the same results would ensue in the dead body if poisoned during life? They answer, yes; if, at the moment of death, there remained a quantity of the poisonous substance in the intestinal canal, ap-

preciable by chemical means. The chief point is to know whether *this quantity*, which the experimenter could discover twenty-four hours after death, could be detected ten, fifteen, or twenty months after interment; and they regard this possibility as placed beyond a doubt, by their experiments.

DEGREE OF HEAT IN WHICH LEECHES WILL CONTINUE TO LIVE.

To the Editor of the London Medical Gazette.

Langham Place, July 14, 1828.

SIR,

As it may not be generally known in the medical profession, that leeches can live in a temperature above that which is common to the human body, I beg leave to mention that I lately had occasion to direct the application of sixteen leeches to the surface of the abdomen; and at the same time one of the modern portable baths was preparing in the patient's chamber.

The bath being ready, and heated to 102½ degrees of Fahrenheit's scale, it was deemed inexpedient to wait for the falling off of the leeches; and the patient, together with the adhering leeches, was placed in the bath; when, contrary to expectation, the creatures continued to suck, apparently undisturbed by the heat, and the greater number of them so remained during twenty minutes, when the temperature of the bath was still above 100 degrees.

The detached leeches moved with so much agility in the heated water, that it was difficult to catch them, and the whole number eventually recovered.

On stating this occurrence to a party of my colleagues, one gentleman related an instance of his having caused two living leeches to be swallowed by a dog, which was killed twenty-four hours afterwards, and the distinct mark of a leech wound, the attachment of its sucker, and an extravasated effusion around the spot, still remained within the stomach of the dog, where one dead leech was found, and the other in the upper intestine. These facts may serve to caution practitioners against allowing leeches to pass into the tubercular cavities of the human body, under a false notion that the presumed temperature of 100 degrees will speedily kill them.

Sir,
Your obedient Servant,
ANTHONY CARLISLE.

MIDWIFERY.

To the Editor of the London Medical Gazette.

"Fiat justicia, ruat cœlum."

SIR,

THE spirit of the above motto having been adopted in the fidelity of your columns, induces me to suppose that you may be inclined to devote so much of your valuable space as will give insertion to the observations which I have to offer on a subject of no mean consideration, having for my object the correction of error, and the impartial distribution of justice.

In a contemporary weekly journal, No. 227, and page 517, in a lecture on midwifery, we are told by the lecturer, speaking of the spontaneous evolution of the fœtus, "under this evolutionary descent of the nates, Denman supposed that the arm ascended; but Gooch, a practitioner full of talent, has shewn that in some cases at least the arm scarcely rises at all in the uterus;" and again, "I am persuaded," continues the lecturer, "that in most, if not in all cases, *as Gooch has suggested*, the arm remains *at the same, or nearly the same* elevation."

Now, Sir, here is a flagrant attempt to wrest from one professional man the merit of an important discovery, in order to transfer it to another, the only admissible excuse for which would be, ignorance of the real state of the case on the part of the lecturer, an extenuation of error to which the gentleman in question may lay claim, if he please.

Had he read Gooch's paper on the subject, in the 6th Vol. of the Trans. Coll Physicians, he must have known that Gooch did not only not assume to himself the merit of the discovery, but distinctly states, that he wished to ascertain whether the opinion of Dr. Douglas, of Dublin, were correct or otherwise; and then declares his con-

viction, that the theory proposed by Dr. Douglas is the true one: this paper of Gooch's was published in 1820, nine years after the publication of Dr. Douglas's pamphlet on the subject.

On reading this unworthy attempt, I confess I felt no small surprise, which however was very soon exchanged for a feeling of a different kind, when a few lines farther on, I find the lecturer informing his class, that "*Denman advised, that in arm presentations, we should always confide the delivery to the natural efforts, abstaining from the introduction of the hand into the uterus.*"

Now, Sir, if you will take the 5th Edit. of Denman, published in 1816, which is the only one by me at this moment, and turn to page 476, you will find the opinion of this truly admirable writer expressed in these words: "In the second order of preternatural labours the presentation of the shoulder, or one or both arms, may be included, and whichsoever of these is the presenting part, *there is a necessity of turning the child*, and delivering by the feet, for the interest both of the mother and child." And in page 491, when speaking of the spontaneous evolution, his words are, "yet the knowledge of this fact, however unquestionably proved, *does not free us from the necessity and propriety of turning children presenting with the superior extremities* in every case in which that operation can be performed with safety to the mother, or give us a better chance of saving the child."

Sir, I abstain from further comment; let the lecturer excuse to the public, and to his class in particular, this glaring misrepresentation of opinions, to which all are taught to look up, if not with implicit credence, at least with respect and deference.

ALPHA.

SKETCHES OF THE SCHOOL OF PHYSIC IN IRELAND.

No. II.—BOTANY, AND DR. ALLMAN.

IT is quite refreshing, at this particular season of the year, to treat of a botanical subject; and the votaries of Flora will not be indignant with me, if I freely offer a few remarks on their favourite study. Botany is in a declining state; I fear it never raised its head since the unlucky conflict which it hazarded with the University of Cambridge ten years ago. In the wantonness of pride and popularity, it reared its crest against that venerable establishment, with the ambitious design of seizing a professor's chair, no less, for the late Linnæan president. The violence was retorted; the Greek professor was in arms, and with the valour of a true Greek, he succeeded in reducing his adversaries to subjection, and brought their principal champion to the ground. Since that time they have lost Sir Joseph Banks—their "hold and hope;" and Sir J. E. Smith is also gone. Peace to their ashes! Botany has indeed been growing up of late; but it is with a sickly, wild luxuriancy—the common precursor of premature decay; and the time is not very far distant when it will have completely dropped off, as a useless branch of medical education. How it could have so long contrived to occupy a place, and a prominent place too, among those branches of knowledge deemed indispensible to the physician, can only be explained by the fortuitous arrangement of circumstances.

I have been long at a loss to conceive upon what grounds the votaries of botany can pretend to claim for it so high a rank; more than once they have attempted to give it the precedence of the *intellectual* sciences. There is certainly no sort of knowledge, however humble, that does not possess some little share of intrinsic importance; and it is in this respect only that botany can be deemed worthy of a certain degree of consideration. But how far, it may be asked, are the powers of the intellect to be called into action in the pursuit and study of it? And should not the comparative excellence of the different branches of knowledge be estimated as well by their direct utility as by the scope which they afford for the display of the mental faculties? Nobody will pretend to say that botany requires as much exertion of talent as any one branch of natural philosophy, or the obstruse investigation of analytical or geometrical truths. To be a first-rate botanist, a very moderate portion of intellect is required—less by far than would serve to render the same man a good scholar, or a clever mathematician. And accordingly, we find this to be the general impression on the public mind;

he who is pre-eminently distinguished in the intellectual sciences always takes precedence of him who is only great in the physical, even though the latter could run through the whole nomenclature of Tournefort or Linnæus. It is not a little ridiculous to attempt to exalt botany on the score of *utility*, because it affords the mind exercise in systematic classification, and contributes to the attainment of mental precision, (how much better might the mind be employed with this view in the exact sciences?) or because it illustrates some few doubtful passages in authors sacred and profane. That it is of the least possible use to the physician in the practice of his profession, I am strongly inclined to deny. No doubt, the extensive knowledge requisite for completing the education of the accomplished physician should embrace this branch of natural history also, but for the purposes of the healing art, botany is positively worse than useless. We have our Pharmacopœias encumbered with vegetable remedies to an absurd degree, notwithstanding the pains which are occasionally taken to weed them out. Concerning the medicinal efficacy of plants, botany teaches us nothing; their use is generally ascertained by the practical experience of empiricism, and this being done, the science kindly interferes, and adopts the new remedies, pompously setting forth their classes and orders.

Again, it may be observed that most other *sciences* tend to develop the faculties, imparting a comprehensive and expanding influence; but botany, numerous instances show, has a tendency quite of an opposite character. By fixing the attention upon minute objects and considerations*, it contracts the intellectual as well as moral qualities. Linnæus himself was one of the most vain and egotistical of men; and, may it be permitted to add, that the late respected Sir J. E. Smith was not a little gifted with the same amiable peculiarities. This, indeed, may in some measure naturally be expected, when a man has exclusively devoted himself for a considerable period to *one* pursuit; he generally over-rates his exertions, and scruples not to depreciate the merits of those whose researches have been directed to objects of a different kind. Further, it may be stated as an authenticated fact, that few great men have been distinguished as botanists merely; those who have ever obtained a character in this way, were such as would have been as great in the path of celestial mechanics, had they turned their attention to that study. We cannot forget the multifarious talents and pursuits of Linnæus and of Haller. Haller, like Rousseau, studied botany merely as a recreation; and, indeed, Rousseau himself was as much an enthusiast upon this as upon many other subjects equally useless. Some of its admirers, I may add, advocate the study of botany as an *innocent* pursuit or pastime: on this delicate topic I should merely suggest the inquiry which the author of the "Pursuits of Literature" many years ago proposed—"how young ladies are instructed in the meaning of the terms of botany, for they are very *significant*." The phanerogamous, cryptogamous, and agamous classes of plants, must be pleasant objects for their consideration; but what are these to the barbarous phraseology with which we have long since been forced to become familiar—the strelitzias, swietenias, hebenstretias, kiggelarias, with the whole tribe of andrias and gynias? As Milton said of the hard Scotch family titles, Gordon, Colkitto, and Galespie —

> "These rugged names to our like mouths grow sleek,
> That would have made Quintilian stare and gasp."

It has been well observed, and must, even by the botanists themselves, be admitted to be the truth, that "the chief business of botany is the naming of its tools;" and this is what they dignify with the title of a science! One other little fact should not be omitted, as it tends to elucidate the causes which procured for botany, during the last half century, so strong a footing in the British islands: it is the circumstance of the President's chair, in the Royal Society, having been filled for upwards of 40 years by a botanist—Sir Joseph Banks—a man thoroughly penetrated with a pure love for the *science of botany*.

I am aware that in offering these remarks I come across many prejudices and prepossessions, and that they must prove rather unpalatable to many read-

* A familiar instance of this minute attention to minutiæ just occurs to me. The carduus and the cnicus are quite different species—they are distinguished from each other in this way:—"The pappus of the carduus is single, that of the cnicus is cloven." If this be not hair-splitting! ——.

ers; but I trust to their truth and strength for my apology.

> "Se la voce sarà molesta
> Nel primo gusto, vital nutrimento
> Lascera, poi quando sarà digesta."

But truly I was forgetting Dr. Allman all this while: I had almost let slip from my memory that I was to sketch the professor rather than the science. The first botanical lecture that I ever remember to have heard, was delivered by Professor Allman; and it was my lot, on that memorable occasion, to be captivated irrecoverably. After a lapse of several years, I have him still before me as he stood on that day, descanting on the invaluable merits and incalculable advantages of botanical science. As attractive and august in the lineaments of his countenance as Socrates himself (to whose bust he bears a striking resemblance), he seemed to copy the insinuating manner of that celebrated sage, by the lowly, modest accents of his tongue. The time at length arrived when, in spite of my bashfulness and timidity, I was obliged to form a closer acquaintance with the Professor. Then did I hope to revel in the delights of this *lovely* science, and to receive information concerning every sort of vegetable thing, "from the cedar of Lebanon to the hyssop that groweth out of the wall;" but all would not do. "So coy a dame" was botany to me, that I never could form even a bowing acquaintance with her ladyship under the Doctor's auspicious introduction.

The attainments of Professor Allman, as a botanist, are said to be very profound—perhaps on the trite, but true, principle of *omne ignotum pro magnifico*. He is one of those men whose acquirements are better guessed than understood. He has taken care not to commit himself by meddling with the press; and during the whole nineteen years of his occupancy, he has preferred to trust his reputation to the capriciousness of vulgar fame. To this hour, great things are expected from him, by some; but time, with his "petty pace," has ever been slipping away from him—and "time," as Dr. Johnson has remarked, "is an antagonist that will not wait for casualties."

Of all the professorships in the School of Physic, not one enjoys so much of the *otium cum dignitate* as that of botany—the professor may be out of the country for nine months in the year, it seems, and nobody misses him. Doctor Allman is a regular "absentee" of this description; and, from his protracted annual residences in Switzerland and France, it may be presumed that he is disposed to rest his fame entirely upon exotics.

But having thus freely stated the general impression entertained of Dr. Allman, as a lecturer on botany, I feel myself bound in justice to declare, that he deserves considerable commendation in another essential point of view. Although so ill calculated to be an instructor in elementary botany, he spares no pains in keeping pace with the enlargers of the science—with the disciples of Jussieu and the French school. Almost the entire of his private course is devoted to the development of natural botany; and it is only to be regretted that he has so little regard for the totally inadequate state of his pupils' preparation. The difficulties which obstruct the progress of the young botanist, in so sudden and premature an application to the natural method, are calculated to discourage him, and frequently to extinguish every spark of attachment which he may have had for the pursuit. That the professor will not adopt the simple remedy for obviating this inconvenience, is much to be lamented; his own interest, one should think, ought to stimulate him in this respect—for there is not a doubt that he loses, every session, the good opinion, along with the future attendance, of many a pupil. It is true that every medical student who intends graduating in Dublin, *must* attend Dr. Allman; but the regulation is complied with as a necessity. In order to *learn* any thing of the science, the pupil generally betakes himself to the familiar demonstrations delivered by Mr. Mackay, at the College Botanic Garden. Here Flora presides in all her gay and fascinating attractions—whilst Mr. Mackay, her high priest, contributes to rivet the chains of her votaries, by the clear and satisfactory manner in which he explains the mysteries of her worship. But there are the excursions too: perhaps it would be as well to conclude with a description of one of these national exhibitions—there may be some little novelty in it for our English friends. The expected hour is arrived, and the ardent group of simplers are seen mounting the vehicles which whirl them away to the shore—for Lambay is

their destination. The axles groan beneath the weight of hampers of comestibles. They ply the oar—they land. One has brought his gun—another his telescope—another his fishing tackle—and every body is armed with an ample sandwich box. Now begin the operations. One party is seen emulously climbing the giddy cliffs, "where shrieks the wild seamew." Woe to the wild mew's eggs! The lovers of the angle are seen employed paddling at the foot of some sea-girt rock—

> Some delight to cleave
> With pliant arm the glassy wave;

whilst the fowlers enjoy many a fine shot in every direction. All this is for the pure love of science, to be sure. But where are the botanists? You see poor Mr. Mackay, with one or two stragglers, less adventurous, or less ardent in the pursuit of science, creeping slowly among the rocks, picking a moss, or a stunted flower, for the supply of the tin cases: it would be too bad to come home without something in them. At length, a concerted signal assembles the roving lovers of botany to the festive sod. And now, though they are all as well aware as Evelyn, "that the author of nature has given to plants such astonishing powers, such fiery *heat* in some to warm and cherish, such *coolness* in others to temper and refresh—such pinguid *juice* in others to nourish and feed the body—such quickening *acids* to compel the appetite, and grateful *vehicles* to court the obedience of the palate—such *vigour* to renew and support our natural strength—such ravishing *flavour* to recreate and delight us; in short, such *spirituous* and active force to animate and revive every faculty, to all the kinds of human, and, I had almost said, heavenly capacity too;" yet, why should they become Pythagoreans? Salads may be very good and excellent in themselves—but they are much improved by the addition of something more substantial from the animal kingdom. Cold punch, too, must be allowed to be very delicious in this hot weather, and infinitely more salutary than the simple draught from the purling brook. The night comes on apace, and warns them to turn homewards—and home they come *right merry*, after a "very pleasant" day.

EBLANENSIS.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

The Morbid Anatomy of the Bowels, Liver, and Stomach; illustrated by a Series of Plates from Drawings after Nature, with explanatory Letter-press, and a Summary of the Acute and Chronic Affections of the above-named Organs. By JOHN ARMSTRONG, M.D. Fasciculi 1 & 2.

On every account these fasciculi deserve an early notice: as specimens of lithographic plates, they are above all praise; and as the production of a gentleman eminent for talent and industry, the accompanying letter-press claims a due share of our regard. It will be seen by the title-page, that the plan of this work does not essentially differ from Dr. Baillie's Morbid Anatomy. Each fasciculus contains five plates, and the first is preceded by a short preface, and some remarks upon morbid anatomy, occupying 31 pages. An advertisement upon the wrapper informs us that these Numbers ought to have appeared last January, but the succeeding ones will be published with more regularity. Every body who has heard of Dr. Armstrong must be aware that he entertains some peculiar pathological opinions; that his practice is consequently different from that of most of his brethren; and that, with respect to the merits of nosology, he is little better than a heathen unbeliever.

We had scarcely penetrated five lines into his Preface when we met with a side-wind blow "at nosological technicalities;" for to the scholastic mode of education introducing those technicalities, and to popular prejudices, he mainly attributes the small progress that morbid anatomy has made in this country. There may be some truth in the first of these charges, but yet we must be permitted to say a few words in defence of nosology; and we sincerely lament that a man of Dr. Armstrong's authority should, in his lectures, have not only so entirely omitted all arrangement himself, but have taught his pupils to contemn all system themselves. If it be a fault to rely upon nosological technicalities, surely it is no less a fault

to teach so extensive an art as medicine, comprising so many separate facts, without attempting to introduce something like order and method into the study—some plan by which the generalization of our ideas may be accomplished, and by which the mind may be led, as it were, step by step, to embrace the whole circle of causes and effects. We are no sticklers for Cullen, Good, Gregory, or any one particular author, English or foreign; all we contend for is some arrangement, without which, half the benefit of knowledge imparted must be, and is, inevitably lost.

Having thus given the doctor a gentle flap, to remind him of what we consider sincerely as one of his defects, we quote the following passage with pleasure, hoping, both for our own sakes and his, that it may be very extensively read; and, if so, it must do good.

"Every medical man who is duly impressed with the practical importance of his art, now considers it a duty to cultivate morbid anatomy to the utmost of his power, since he is fully sensible, that, without the aids which it affords, theory is mere conjecture, and practice mere empiricism. Indeed, if a doubt exist in his mind as to the cause of death in any case, he would look upon himself as criminal were he not to request and urge an examination, on the ground that, as such a case was the representative of others which must afterwards fall under his care, so they, in like manner, would, in all probability, be fatal, unless the veil of ignorance should be removed by some particular dissection; and, on the other hand, when such a request is made with becoming delicacy to surviving relations or friends, they should remember that they are under certain social obligations, which are of a serious and even sacred character. If their feelings should be so exclusive as to prevent the medical attendant from making an examination, when he is at a loss to determine the nature of the disease, they occasion to some of their fellow-creatures, through his consequent ignorance, an affliction as deep and irrevocable as their own; and thus, while they violate their duty as members of society, they moreover preclude the practitioner from acquiring a clear insight into those hereditary tendencies which, in a preventive view, might enable him to be really useful to themselves, as branches of the same stock."

We learn further, from the Preface, that the Illustrations now published were originally designed to accompany a work, which the doctor has long been preparing, on the Pathology and Treatment of Affections of the Stomach, Bowels, and Liver, as they occur in Children and Adults, but which he has not yet had leisure to complete. We are farther told that he does not design to delineate *all* the morbid appearances connected with those viscera, but to choose those of the greatest consequence, and which he has attentively examined himself. Thus far the Preface. We now come to the Preliminary Remarks on Morbid Anatomy.

A humorous countryman of ours is reported to have pulled off his hat to the statue of Jupiter Capitolinus, at Rome, begging it to be remembered that, in the event of his ever rising into notice again, he had paid his respects to him in the time of his adversity. We think that it will become us all to be very civil to the shade of humoral pathology, for there is every prospect of its getting its head above water again; and the author before us seems to be disposed to lend his assistance towards its resuscitation, for he observes—"If we take the acknowledged products of inflammation, as seated in this or that texture, and to them add tubercle, scirrhus, fungus, and melanosis, we have at once a bird's-eye view of the most important changes which occur in the solids; but it is self-evident that any illustration of morbid anatomy which is confined to the solids merely, must be defective; for in the products of inflammation, and even in the above-mentioned formations, not legitimately referable, perhaps, to that state, the fluids are so directly or indirectly concerned, that we should endeavour to estimate their influences or conditions."

The subsequent remarks of our author, therefore, equally apply to the pathology of both; and he first commences with the consideration of the changes that take place in the quality of texture of the blood itself; then of the secretions generally, including some of the products of inflammation itself; the gaseous secretions of small pox, measles, and scarlet fever; the liquid secretions; and, lastly, the concrete secre-

tions (as he denominates them), of which he enumerates two kinds, the separated and the attached—biliary and urinary calculi are familiar instances of the former, whilst the most remarkable of the attached secretions are tubercle, scirrhus, fungus, and melanosis.

It is obviously out of our power to do more than commend the many ingenious remarks which are interspersed throughout these few pages: they afford scope for much reflection to the attentive reader, and shew our author's perfect acquaintance with the labours of his foreign and native contemporaries. We may just observe, *en passant*, that he disputes Dr. Baron's theory of the formation of tubercle, and urges some arguments that do not appear to us very easy to overturn. We cannot dismiss this imperfect notice without again commending the execution of the plates, and the fidelity of the colouring. There are five plates in each fasciculus, and they represent several diseases of the stomach, beginning with inflammation of the mucous coat, and terminating with the appearances of the fibro-cartilaginous and scaly scirrhus.

A Synoptical Table of Midwifery, shewing the Management of Natural and Difficult Labours, their Consequences and Treatment. By H. H. Goodeve and Thos. Evans, late House Pupils to Dr. E. J. Hopkins. One large sheet.

A Manual of Midwifery, for the use of Young Practitioners of both Sexes. By Wm. Maclure, Surgeon.

Both these little works have the same object, and their execution is very creditable to the respective authors. Comparisons are odious, but in critical fairness we must be allowed to say that we think Messrs. Goodeve and Evans's chart contains the greatest portion of instruction and advice to the pupil and young practitioner; whilst the form in which Mr. Maclure's Manual is published, gives it a superiority, inasmuch as it is easily put in the pocket, and may be consulted at the patient's bedside; whereas a large sheet cannot so conveniently be carried about the person. We should recommend Messrs. Goodeve and Evans to turn this matter in their minds, whenever a new edition of their Synopsis is called for.

MEDICAL GAZETTE.

Saturday, July 26, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—Cicero.

MEDICAL CHARITIES.

It is not a little extraordinary, considering the instability of human life, and the almost daily examples which we meet with of hope disappointed, and the most brilliant prospects intercepted by the arrest of "the fell archer Death," that professional men do not more generally make provision against the assaults of this fatal enemy—assaults to which they are more especially exposed in the daily rounds of an occupation that brings them in contact with every source of infection and disease. How many instances have occurred, within a very few years, of men in the prime of life, animated with the most disinterested zeal for the advancement of science, and with every worldly prospect of honour and wealth before them, cut off in a few days by a mere scratch upon the finger! leaving all that is dear to them in this life to the cold compassion of a world too much occupied in its own pursuits to give more than a transient sigh, or a temporary aid, to the bereaved and, too often, destitute widow and children. That medical men should, generally speaking, be so careless and improvident, in the midst of the dangers to which they are peculiarly exposed, will, however, only surprise those who are unacquainted with human nature. Dangers of every day occurrence seldom occupy much of our attention, and those to which our peculiar occupations expose us are seldom or ever thought of at all. The medical man is, above all, we conceive, bound to consider his situation,

and to look forwards into life; for few men start with so many difficulties, and no other profession, perhaps, is placed, in every point of view, in so complicated a relation with society: he is a gentleman without property; he is compelled to make an appearance, without any substance to support it; his education places him in society where certain expenses are unavoidable; and the very nature of his profession is such that, until he reaches nearly the middle period of life, his labours are of little avail either to himself or his family.

The persons destined to the study of the medical profession are generally, almost universally, taken from the middle classes of society, possessing little prospect of independent property; for, considering the drudgery and the disgusting details of part of the medical man's education, it is obvious that rich men will not undertake it, whilst, in a *commercial*, or *money-getting* point of view, it holds out but few temptations, when the distant prospect of remuneration, and the uncertainty of the returns, are taken into account. When the young aspirant for medical fame and honour has completed his course of studies, how many tedious years of heart-sickening expectation must pass over his head, before he can be admitted to the confidence of families, before he is looked upon "to have experience," or "to understand the constitution;"—phrases which are in every body's mouth. This fact is established by the late period at which the medical man is enabled to marry; the average is, certainly, not earlier than 35 or 36. Then who (even the most sanguine) can calculate upon more than twenty-five or thirty years of exertion, during which time he must maintain an appearance of respectability and comfort, and must also, if possible, secure a provision for his widow and children? Now, reflecting upon the rocks and shoals with which the stream of life is beset, who will doubt that hundreds and thousands must fail in this honest and laudable endeavour?—and hence the necessity of some institution that shall enable the anxious and hard-working father to effect the object nearest and dearest to his heart. Such institutions do exist, but they are upon a limited scale; they do not include, perhaps, a tenth of the medical practitioners throughout the country: and this is the point to which all our preceding observations tend. We are only acquainted with the existence of three societies, having for their object the alleviation of the distresses of the medical man and his family: there may be others, but we are not aware of them. Those we allude to are the Medical Officers' Widows' Fund, the Medical Benevolent Society, and the Society for the Relief of Widows and Orphans of Medical Men in London and its Vicinity. The first of these we believe to be sound in its principle, well arranged, and as well managed; but as it is devoted to one class of medical men only, we purpose to do no more at present than to give it our hearty commendation, and to wish it all possible prosperity.

The second institution (the Medical Benevolent) is one of rather recent growth, and, we are sorry to say, includes perhaps not a tenth part of the practitioners even within the bills of mortality; its funds are yet small, and its charitable objects have only come into operation within the last year: these are to provide assistance to those medical men who, either by age, infirmity, or any other unforeseen cause, are reduced to a state of difficulty. In the plan of this charity, we think, some improvement might perhaps be made: viewing the natural and laudable reluctance with which gentlemen make known their distresses—which reluctance is generally in proportion to the merits

and real misfortune of the individuals—some plan of relief might probably be proposed which should render the name of the applicant known to the smallest possible number of persons, consistent with a due regard for the proper application of the funds. We beg, however, merely to throw this out as a suggestion to those who understand the matter much better than we pretend to do.

The last society, that for the relief of the widows and orphans of medical men, begins now to assume an imposing appearance; its funded property is considerable, and the good it does, and has been the means of doing, cannot be spoken of too warmly or appreciated too highly; yet it is lamentable to think how small a proportion of the practitioners within the bills of mortality are mustered upon its list, notwithstanding all the rank, all the aristocracy (if we may so say without offence) of the profession, have set the example. We are of opinion, that well intended, well established, and well administered as this society is, still some improvements might yet be introduced into its constitution. We think, by way of tempting early subscription, some classification of its members might be made, and that those who only join it upon their becoming married men, should either pay an additional fine, or not obtain *all* the advantages until they have belonged to it a certain number of years. As it is, we have known the widows and children of persons who have not paid, in all, ten pounds towards the support of the charity, receiving sixty or seventy pounds per annum. Leaving these matters, however, to be thought of in the proper quarter, our object is simply that of imploring all medical men, as soon as they enter life as practitioners, whether they be rich or poor, married or single, to enrol their names in one or both of these charities. The subscription to the one is two guineas, to the other one guinea per annum; a sum which, if put by weekly, or monthly, could not be felt. The good that would thereby be effected exceeds all calculation, and would supersede those praiseworthy, but melancholy (we had almost said degrading) appeals frequently made on behalf of the distressed individuals of our noble, and godlike profession. We are aware that the last-named charity is confined to the bills of mortality; but its principles and objects being once known and appreciated, there is nothing to forbid—nay, more, there is every thing to encourage—the formation of one or more similar institutions in the Provinces; and to this proposition we beg especially to draw the attention of our readers.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Exostosis on Tibia.

Mr. Green, on Friday, July 11, removed from the right tibia of a boy, aged 15, an exostosis, which the patient, according to his own account, had had from his earliest infancy. It was seated on the upper, inner, and fore-part of the head of the tibia, between the insertion of the sartorius and that of the gracilis, and projected rather more than half an inch. It had not, within the boy's recollection, increased much in size. As this projection was so close to the attachment of the two muscles above-mentioned, caution was necessary to avoid detaching them from the bone, and Mr. Green appeared, in the operation, to direct his efforts to that object.

He began by making a longitudinal incision from above the exostosis to a little way below it: the tendinous structure, which firmly embraced the base of it, was then separated by cuts in the direction of its fibres, *i. e.* from above downwards, and this being held back by an assistant, the projection was removed with Hey's saw. When detached, it appeared somewhat pyrami-

dal in shape, except that its apex (which was turned down when in situ) was rounded; it was capped with a cartilaginous substance, similar to that which covers the articular surfaces of bones; and from this characteristic, and, probably, also from its vascular appearance, Mr. Green remarked that it might possibly have become larger. The portion removed had a base, which was about an inch and a quarter by three quarters of an inch; and from base to apex about five-eighths of an inch.

One circumstance attending this operation was remarkable, and appears difficult to be explained: the boy appeared to suffer excessive pain, and that chiefly in the dissecting of the tendons and aponearosis from the base of the tumor. Now these structures are said, by anatomists, to be insensible, unless they are in a state of inflammation; but they could scarcely be inflamed without being painful and tender, which they certainly were not, for up to a very few days before the operation, the tumor could be handled even roughly, without exciting pain, and the patient had never suffered any inconvenience from it. Could they have become inflamed during the progress of the operation? That is very unlikely—it was over in 15 minutes.

Inflammation of the Cellular Membrane surrounding Veins of Arm, with, probably, some Inflammation of Veins themselves, from Venesection.

Ann Goodman, a stout, healthy, country girl, aged 17, was bled in the left arm for drowsiness, June 23. She continued to use the arm in her occupation as a servant, and two days after to feel pain and tenderness about the wound, which festered. The pain increased, the arm became inflamed and swollen; she had fever, with violent headache, and, according to her own account, was delirious. She continued to use the arm till the 26th.

June 30.—She was admitted with a quick, full, hard, and thrilling pulse; violent headache and pain of back; a foul tongue, great thirst, nausea; had frequently vomited; face flushed, skin hot. The arm was swelled considerably from the middle of fore-arm to middle of upper arm; this part was of a light red, but there were patches and streaks of a darker red (almost a crimson) surrounding the wound, and extending some inches above and below in the course of the principal veins. The lips of the wound (which appeared to be in the median basilic) were apart, and discharged a thin watery fluid, in considerable quantity. The arm was excessively painful, but not remarkably tender, except the red streaks—there the slightest touch gave acute pain: the tenderness extended beyond the redness up to the axilla, and there was some above the clavicle. In neither of these situations was any swelling perceptible.

The girl was exceedingly restless and irritable; said she had had no sleep day or night for some days, from pain.

V. S. ad ℥xiv. Hirudines xx. brachio. Sæpe foveatur, et interim adhibeatur Cataplasma Lini.

Hyd. Submur. gr. v. M. s. c. Mistura Salina c. Antim. Tart.

July 1.—Slept very little from pain of head and arm; very restless; pulse 85 to 90, smaller, but still jerky; arm acutely painful; great pain of axilla and side of neck; tenderness as yesterday; has been well purged by the medicine; tongue covered with a whitish fur, moist; nausea and thirst continue.

Pergat.

2d.—Very little sleep; violent pain of head, with giddiness and transient delirium; skin hot and dry; pulse 110, softer, but still jerky; pain and tenderness of arm continue, but no tenderness of axilla or side of neck; appearance of arm improved, less inflamed; had a shivering fit, which lasted 15 minutes, this morning.

Pergat.

Eight P. M.—Pain, inflammation, and febrile symptoms, abated.

3d. — Febrile symptoms continue abated, but arm more inflamed again; pain and soreness of axilla have returned; hand and fingers œdematous; another shivering fit.

Pergat.

4th.—Pulse rather quick and small, skin cool, face not flushed; little headache, tongue furred, bowels open; some nausea; has vomited frequently the last few days; arm very painful, still swollen, tender where the red streaks are, viz. in course of brachial vein above the elbow, and of median and basilic below it. These streaks average

an inch in breadth, are more prominent than the rest of arm, and feel excessively hard, but no hard cord perceptible The wound still discharges, but the matter is more purulent and thicker; the lips of it seem everted. Exceedingly impatient and irritable.

Hirudines xvj. brachio.
Opii gr. ss. h. s.

5th.—Arm less inflamed; had more rest after the opium than for many nights. Mr. Travers seeing the good effect produced by it, ordered to take

Pulv. Ipecac. Co. gr. every night at bed-time.

Seven P. M.—The arm has become inflamed afresh—a very distinct broad streak running up arm in the course of brachial vein, and another descending along that of the median; these parts are much swollen, very hard, and so hot, that it is painful to keep the finger long in contact with them. The fever has returned since morning, but under another type—it is now typhoid; pulse 100, small and thrilling; severe headache; tongue covered with a dry, brownish fur; appearance of exhaustion in countenance; skin cool and pale; hand and fingers more œdematous, a blush of redness on back of hand.

Lot. Spirituos. Hirudines xij. primo mane

6th, nine A. M.—A better night than hitherto; felt composed, although she did not sleep much; little headache; tongue has a thick yellowish-brown fur, but is more moist than yesterday; nausea; vomited this morning; perspires freely; arm less inflamed, not so much pain or tenderness; two red streaks still visible; axilla sore and painful; pain in left side on making a deep inspiration; pressure on either side of chest gives pain. Spirit-wash not answering well, a poultice was again applied.

Pergat.

7th.—Pulse 80, and soft; skin cool and moist; little headache; tongue furred; arm better—a small and rather soft tumor about an inch below the wound, but no distinct fluctuation there; another larger and very hard tumefaction of integuments over median vein, about middle of fore-arm—this is excessively painful and tender; tenderness in the course of the brachial vein up to axilla, but little redness there.

Pergat.

8th.—Altogether better; the hardness and tumefaction above-described much diminished; no fluctuation in any part of arm; hand still œdematous, but not inflamed.

9th.—Still better. She was ordered to leave off the medicines hitherto taken, and to take tonics. The arm was rolled from shoulder to wrist, and ordered to be kept wet with a cold lotion.

12th.—Is by no means in a perfectly healthy state, as she has a quick pulse and foul tongue, with a pale skin, and bloated appearance of the face; but all active disease appears to be at an end, and there seems to be no reason to fear a relapse.

Mr. Travers is of opinion that the above case was one of inflammation of the cellular membrane, immediately surrounding the veins of the arm, and thinks it possible that the lining membrane of the veins themselves might be a little inflamed.

The restriction of the redness and tenderness to the course of the veins, the comparatively little swelling of the whole arm, and the ability to move it without much increase of pain, prove it not to have been diffuse inflammation of the cellular membrane; while the fully developed, or (as Dr. Armstrong calls it) open type of the fever, and, probably, the recovery of the patient, would seem to make it improbable that it was inflammation of the vein itself. But still, if we consider the extreme irritability and restlessness, and the remarkable change in the character of the fever, which took place on the fifth day after her admission, when the inflammation became more particularly restricted to the course of the veins, we may, perhaps, safely conclude that the lining membrane of the veins was, at least towards the end, implicated in the disease. G.

July 20.—Since the last report was written, an abscess formed a little way above the wound in the vein, which was opened, and some pus discharged. That is now nearly healed, and the patient is recovering her strength.

GUY'S HOSPITAL.

Contusion of the Abdomen, attended probably with ruptured Intestine, successfully treated.

When the remarks appended to the case of rupture of the ilium, published in the last number of the Gazette, were written, it was not expected that a confirmation of their truth, so satisfactory as that which the following case affords, would so speedily have been obtained.

William Simmons, aged 16, of a weak and delicate habit, and pale skin, was crushed between a cart and some palings, July 9th, at 6 P.M. When the support given by the cart was removed, he fell down, and instantly vomited. At one o'clock he had eaten some salmon, which was observed in the matter vomited. When he was seen, an hour after the accident, his lips, face, and whole surface, were white. Bottles of hot water had been applied to the feet, and they were therefore warm, but it was stated that previously they, as well as the hands, had been cold. The features were shrunk, and expressive of great suffering and anxiety; breathing not much affected; the abdomen was swollen and tense; he had great pain there, and its whole surface was tender. The pulse was quick, small, and weak. As he could not himself evacuate the bladder, the urine was drawn off, and warm fomentations were applied during the night to the abdomen.

July 10th, 10 A.M.—The whole appearance of the patient is very much altered this morning. The lips are a full red; the cheeks coloured, and the whole face rather flushed. The surface, generally, is warmer than it was, and not so pale. Pulse 130, very small and weak; tongue a little furred. The abdomen is swollen, painful, and excessively tender. The greatest tenderness is under the floating ribs on the left side; and in the right hypochondrium there is a circumscribed spot, as large as a crown piece, which is puffy, as if air or fluid were within it; that is not tender. The breathing is performed by the thoracic muscles alone. There has been no stool yet since the accident. He has made water without assistance during the night. Mr. Callaway ordered him to have twenty leeches to the abdomen, and to take opii. gr. j. and calomel gr. ij.

5 P.M.—Asleep: has been very drowsy all day, apparently from the following cause. The calomel and opium were given separately, and he soon after vomited, and one of them was rejected; which the nurse does not know, but most probably the calomel pill. He has vomited several times; has been in less pain since the leeches were applied, and lies with his knees drawn up.

10 P.M.—Pulse 150 at least, small and sharp; tongue whitish; skin hot, with some moisture. The vomiting continues at intervals, with some hiccup. The extremities were warm; face anxious; abdomen not very painful, nor excessively tender, except on the left side. The attempt to move in bed gives extreme pain. The abdomen is more swelled; it is now like that of a person in ascites, and very tense. The knees are drawn up. He can make water; has attempted to take a little broth, which produced vomiting. Mr. Callaway ordered him to have nothing but a little fluid to moisten the mouth, and to repeat the calomel and opium. He also took four ounces of blood from the arm, (as much as he could obtain) and ordered a dozen leeches to the left side.

11th, 8 A.M.—Has not had a good night; has been restless from pain, and has vomited frequently: no stool yet; pulse quick, small, and rather sharp; great tenderness still on the left side.

Hirud. xij. lateri sinistro. Rep. Pilulas.

To allay the vomiting, Mr. Callaway ordered an ounce of the infusum menthæ comp. to be taken every two or three hours.

11 A.M.—Pulse 130, fuller and less oppressed; less swollen and tense since the leeches were applied. The medicine has relieved the vomiting; two ounces have been taken.

3 P.M.—In more pain; abdomen more tender; has vomited several times since he was last seen, in consequence of attempting to take some soup; some hiccup; pulse 140.

Hirudines xiv. lateri.

No stool yet. Mr. Callaway ordered him to have a very small injection, made in the usual way; and particularly directed the nurse to throw it up without force.

Half an hour after the clyster was given, a rather large, solid, and healthy

looking stool was passed, with a part of the injection.

9 P.M.—Abdomen more tense and swollen, but less tender; pulse 130, small and rather hard; another more fluid stool. Poultice to the abdomen.

Rep. Pil.

12th, 8 A.M.—Has been very restless all night, and a little delirious; in great pain till 5 A.M.; since then free from pain. Vomited after taking the pills, and once or twice since. Pulse 120, and sharper than it has yet been; tongue a brownish and rather dry fur. One copious motion during the night. Abdomen far less tense and swollen; little tenderness except on left side; excessive tenderness there.

V. S. ℥vj. Hirudines xij. lateri sinistro.
Rep. Infus. Menthæ et Cal. c. Opii.

The bleeding entirely removed the sharpness of the pulse, rendering it a little quicker and smaller.

4 P.M.—Pulse 110, fuller and softer than it has yet been.

10 P.M.—Pulse 125; skin hotter; no motion. Mr. Callaway ordered another injection to be given, with the same precautions as before.

13th.—Still better; pulse 104, rounder and fuller, with a little sharpness. Abdomen less swelled; no tension, and little tenderness, except on the left side; has had a good night, and feels very comfortable. No stool yet; no more vomiting.

Hirudines xij. lateri sinistro.
Rep. Œnema et Pil. Cal. c. Opii.

14th.—A good night; two or three motions; pulse 100, still rather sharp. Countenance better than it has yet been; skin cool; is in good spirits. No pain or tenderness except on left side.

Rep. Cal. c. Opii. Empl. Lyttæ lateri sinistro. To have some soup.

15th.—A good deal purged in the night, with some griping; tongue whitish, but papillæ prominent and red.

Mist. Cretæ co. p. r. n.
Omittantur Med. Alia.

16th.—Purging did not return yesterday, but during the night a good deal of tenesmus, but no stool of consequence; tongue better; pulse 90, and full.

20th.—Since the last date the patient has been gradually improving; the bowels have become regular; the appetite has returned, and he has been gradually gaining strength.

It would be too much to assert that in this instance the intestines were absolutely ruptured, yet the extreme collapse which attended the accident, and the violent reaction which followed it, prove that some very serious injury must have been done to the viscera, while the early and very remarkable swelling which took place can only be accounted for by supposing extravasation into the abdominal cavity. It is impossible to speak in terms of too high commendation of the judicious manner in which the treatment was conducted. Mr. Callaway, who principally directed it, once had a case in which the symptoms of internal abdominal injury were as strongly marked, and in which the same treatment was equally successful.

G.

PARIS HOSPITALS.

Fatal Fracture of the Patella.

HOSPICE DE PERFECTIONNEMENT.—At No. 9, in the ward of St. Charles, a man, 43 years of age, was admitted on the 19th of May, who, on the previous day, broke his patella by a fall upon the knee; the joint quickly became swollen and painful; but, upon his admission, bandages were applied to keep the ends of the bone in apposition, and they were tightened to such a degree that, on the same evening, the patient's sufferings became extreme. He continued to suffer the whole night, and had not a moment's repose. He continued in this deplorable condition for two days, during which a low delirium came on, which was not, however, very apparent. It was only at the end of this time that the patient's complaints were attended to, and it was decided to remove and reapply the bandage. Ecymoses were observed on different parts of the leg, and particularly towards the foot; on looking attentively, different brown spots were perceptible. Nevertheless, the bandage was again put on, as tightly as at first; but the man cried out so violently upon this occasion, that it became necessary to remove it on the following day. It was then evident that gangrene had commenced, attended by the usual general symptoms of this affection. On the

26th of May, there remained no hope of preserving the man's life, but by removing the leg. M. Bougon amputated the thigh, and brought the edges of the stump together immediately. The inflammatory circle separating the dead from the living parts, was not perfectly distinct. This poor man died a few days afterwards, with all the symptoms of nervous delirium. The body was not opened till three days after death, which appears to be a practice introduced by M. Bougon, and which renders it impossible to trace the anatomical lesions of diseased parts.

Bulletin of the Hospital of La Charité, 6th of April.

Cancer of the Lower Lip.

A man, 60 years of age, of a strong constitution, had the lower lip almost entirely occupied by a cancerous ulcer. He attributed his disease to a cut three years ago, on the unattached edge of the lip, whilst shaving. The little wound healed, but the scar was frequently irritated and cut by the razor; it terminated in ulceration, and six months afterwards this ulcer had made rapid progress. When the patient entered the hospital, the disease extended from one commissure to the other, and from the loose to the attached edge of the lip. Its bottom was of a reddish-brown, or copper-colour; the pain was not acute, but had the lancinating character. His general health was good; the sub-maxillary ganglia were not affected. The abolition of the cancer was necessary; but the disease had too great a transverse extent, to permit a thought of removing it by a figure of V incision, and re-uniting the wound by a twisted suture. Professor Roux seized this opportunity to put in practice the ingenious operation of M. Roux, of St. Maximin, at the expense of the integuments of the chin and the sub-maxillary region. The operation was performed Tuesday the 1st of April, in the following manner. Two incisions, begun near the commissures of the lips, were continued below the chin, gradually converging. The parts comprehended between these two incisions were detached above and below; and from this dissection resulted a quadrilateral flap, formed of the whole lower lip, of the soft parts of the chin, and, below, of the superior part of the sub-hyoidean region, and of the superior and interior fibres of the platysma-myoides muscles. The labial portion of the flap, altered to a great depth, was removed, and the bleeding edge, which resulted from this excision, was raised without difficulty to the place which the lower lip occupied, and there fixed with a twisted suture. Three needles were placed on the left side—there was need of four on the right, because the incision was obliged to be rather lengthened on that side. The operation ended, the new lip appeared to replace that which had been removed very well, and there was every reason to hope the patient would be cured without deformity. The hair-lip bandage was applied, and the patient put upon a rigid diet; very little pain was felt; the bandages were moistened with a bloody serum; the dressings were not removed until three complete days had elapsed. The new lip appeared of a brown colour; but it was warm, and preserved its sensibility in some degree. Adhesion, however, had not taken place in some points: the threads and pins were removed, and the parts kept in contact with adhesive straps, which were assisted by a double-headed roller and a sling under the chin. On the fifth day it was discovered that the flap had sphacelated throughout the whole of the portion forming the lip and the upper part of the chin; the division was marked by a distinct line of inflammation.

The want of success in this operation should not discourage us from repeating the same attempt upon another occasion. The sphacelus of the flap seems rather to have been an accident, attributable to the compression which the bandages made upon it: it would be better to rely upon the sutures and adhesive plaisters, to retain the parts in the desired situation. The chin ought to be sustained by a sling placed under it.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

ON THE EMPLOYMENT OF PHOSPHORUS AS A CAUSTIC.

Dr. Paillard has lately written an interesting article on this subject. Re-

flecting on the rapidity with which phosphorus destroys the tissues to which it is applied, the doctor conceived the idea of employing it as a revulsive upon the skin, to remove chronic inflammations of the viscera, of the muscles, or joints. It is more convenient and quicker in its operation than moxa. A piece of phosphorus, about half the size of a lentil, placed on the skin and set fire to, produces great pain, cauterizes deeply, and to as great an extent, as an ordinary cotton moxa. Twenty seconds suffice for this operation. These new moxas may be made of all sizes; they can be applied in a greater or less number, one at a time, or all at once, according to the case in which they are employed. The author has applied twenty-four at once upon the loins, for the cure of a lumbago that had resisted all ordinary means. In a case of neuralgia affecting the thigh and ham, Dr Paillard placed thirty small moxas from the tuberosity of the ischium to the tendo archillis; they were all lighted at the same time, and extinguished in fifteen seconds, each producing an eschar as large as a *five-sous* piece. The patient (who had not been able to get relief from cupping the whole extent of the limb) was quickly cured. The phosphorus may be also employed to destroy a diseased tissue, or to change the character of a wound or ulcer. Dr. P. says, that he has cured a woman 65 years of age, who had suffered for eighteen months from a cancerous wart under the lobe of the left ear, of the size of a very small pea; upon which a piece of phosphorus of about twice that size was applied; an eschar covered the little tumor, which was detached in six days, and the patient speedily cured. This method is very useful in those timid patients who are alarmed by the preparations for the common moxa; for scarcely does this caustic begin to act before its operation is over, and yet it has as great an effect as that produced by the long-continued pain of the ordinary moxa, which becomes insupportable from the time it occupies.—*La Clinique.*

ON VALVES IN THE PULMONARY VEINS.

In all systematic works on anatomy, we find it asserted that the pulmonary veins have no valves. It is unnecessary to prove this by multiplied citations—Waller among the ancients, and Meckel as the most modern writer, will suffice. The former says, in his Elementa Physiologiæ, t. i. p. 145, "Sed etiam vera pulmonalis absque valvulis est;"—and Meckel, in his Human Anatomy, vol. iii. p. 368, remarks that the pulmonary veins are usually without valves, with some very rare exceptions.

Professor Mayer's attention was first called to the valves in these vessels by finding them very numerous and very large in the pulmonary veins of the cow, although, on looking for them in swine, he found them absent.

In man, however, he found them, on examination, both large and numerous; so that it is difficult to understand how they should have escaped observation. A valve is always met with at the place where a venous branch joins the larger trunks at an acute angle; and the more acute this is, so much more marked is the valve. But where the branches join at a right angle no valve exists; which is precisely what takes place in the other parts of the venous system, as in the extremities, where valves exist where a branch joins the larger trunks at an acute, but not where this happens at a right angle. From this we see why it happens that fewer valves are met with in the pulmonary than in other veins; because the ramifications of the pulmonary veins chiefly take place at a right angle. This form of distribution is particularly the case in swine—and hence in their pulmonary veins there are no valves.—*Mayer in Zeitschrift der Physiologie.*

CASE OF RETENTION OF URINE.

M. Binet, notary at La Charité (Department of Nievre), feeling symptoms of paralysis of the bladder, sent for Dr. Mathieu, who, finding that viscus greatly distended with urine, passed a catheter immediately. The instrument entered the bladder without the least difficulty, the urine was drawn off, and the patient relieved. The same operation was repeated two or three times in the space of thirty-six hours, without the loss of a drop of blood, and without encountering any obstacle in introducing the catheter. Dr. Mathieu being persuaded of the existence of a para-

lysis of the bladder, determined to leave the catheter in; but towards the middle of the night he was again called to see his patient. The bladder had become filled to such a degree as to reach a considerable way into the abdomen, and the pain was excessive. The little fosset was removed from the mouth of the catheter, but no urine flowed; the stilet was passed down and withdrawn, but still the water did not escape. The doctor then withdrew the catheter, thinking that some mucus might probably obstruct the openings; but that was not the case. The instrument was withdrawn and again passed ten times, always without difficulty, but without success. At length, not being able to divine the cause of the obstruction, the doctor requested M. Binet's son to set out for Nevers immediately, to obtain the assistance either of M. Pierson or M. Frebault. The son returned in about twenty hours with the latter gentleman, who, after hearing the case, and what had been done to relieve it, had the *maladresse* to give it as his opinion that the catheter had been passed in a wrong direction, and that this was the reason that the urine had not escaped. Dr. Mathieu in vain explained that there had been no difficulty in introducing the instrument, no bleeding, no pain; and that if the catheter had not been passed into the bladder in the first instance, the water could not have been drawn off. But M. Frebault was positive; and, after having himself passed the catheter in vain, he proposed making an incision above the pubes. M. Mathieu formally protested against this proceeding, and, after sending M. Frebault to bed, went into another apartment, where he passed the night in examining the works of Sabatier, Chopart, Dessault, Lassus, Richerand, and Boyer, but without finding any thing to his purpose. At length, says M. Mathieu, I succeeded in divining the true cause that prevented the action of the catheter. He then went to M. Frebault, and they conjointly visited their patient, whom they found in a frightful condition. M. Mathieu having obtained a longer catheter than usual, and having introduced it into the urethra, he injected hot water through it. The patient experienced no increase of pain. He then pushed on the catheter about an inch farther, and again injected more hot water: a third injection was then made, without producing pain. This circumstance convinced him that he was not mistaken in his opinion, that a thick coagulum of blood had been the cause of all their difficulties. After a fourth trial, and having passed the catheter four inches farther than on the preceding evening, they succeeded in penetrating to the urine, which then passed off with force. The bladder was emptied in about two minutes, and the patient saved. The blood was got rid of in about three weeks, by injecting the bladder five or six times a-day with warm barley-water. The palsy of the bladder remained, so that the patient was obliged always to wear a catheter.—*Journal Comp.*

SIR PATRICK MACGREGOR.

We lament to have to announce the death of Sir P. Macgregor, Bart. whose appointment as one of the Vice-Presidents of the College of Surgeons we noticed in our last Number. This gentleman, whose death took place on Friday, the 18th inst., had for some time been in a declining state of health, but sunk under an inflammatory attack, after about a fortnight's confinement. He was Serjeant-Surgeon to the King, Surgeon to His late Royal Highness the Duke of York, and to the Commander-in-Chief.

NOTICES.

We have no recollection of Mr. Cooke's work having been sent to us—if it had been received, it would certainly have been acknowledged.

We are obliged by Mr. Watson's communication: in the absence of the Reviewer, we cannot say more at present.

"Amicus Veritatis" has been received.

Mr. Perry's case in our next.

After due consideration, we have declined publishing the second letter of "Aretæus:" it contains no new facts or arguments, and leaves the question precisely where it was: enough has, in our opinion, been already said upon the subject.

ERRATA.

In our last Number, in Dr. Chambers's Lecture, first paragraph, last line but one, *for* "at," *read* "as."

Page 194, first column, last line but one, *for* "fuel, water casks," *read* "foul water casks."

Page 199, line 31, *for* "subsided," *read* "subdued."

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SELECTIONS

FROM

LECTURES ON THE PRACTICE OF PHYSIC.

By W. F. Chambers, M.D. F.R.S.

Physician to St. George's Hospital.

(Continued from page 199.)

REMITTENT FEVER.

The treatment of remittent fever in children is exceedingly simple. Let us first suppose that the child is three years old.

At the commencement of the disease, when the febrile symptoms are severe, it will be necessary to purge the patient freely, by administering two or three grains of calomel joined with (for the purpose of exciting diaphoresis) a grain or two of James's powder; and in the morning six drachms of infusion of senna, with a drachm of sulphate of magnesia; or should the child be weakly, from six to ten grains of rhubarb, with twice the quantity of magnesia, instead of the senna draught. This must be repeated daily, or on alternate days, until the child's tongue becomes moist, and his skin loses its heat and harshness.

If after the urgency of the fever has been subdued, there is still hardness and distention of the abdomen, with a depraved state of the excretions, and some disposition to feverishness, followed by profuse perspiration at night, which is by no means uncommon even after the acute symptoms of fever have disappeared, it will be advisable to omit the stronger purgatives, and order half a grain of calomel to be administered twice or thrice daily, and every other morning, should the bowels not be freely evacuated by the calomel, a drachm of castor oil, or six grains of rhubarb.

By persevering in this system for a few days, we shall in most cases overcome the disease, and little more medicine will be required. Occasionally, however, when the disease has become inveterate, either from neglect or mismanagement, even after the fever has been subdued, the little patient remains in a state of atony and extreme emaciation; the digestive organs perform their functions very imperfectly; much acidity is evolved during the process; the stomach and bowels are charged with flatus; the evacuations are clay-coloured or of a chalky appearance, and of a most offensive, sickly, acid smell; in short, it is evident from the whole appearance of the patient that though the original disease has been overcome, the constitutional powers remain scarcely capable, without assistance, of restoring the general health and strength of the patient, and perfecting his cure. In these cases it will be advisable, with the view of maintaining the healthy action of the liver and intestines, to order a powder, consisting of gr. ss. of calomel with five grains of carbonate of soda, and a grain of aromatic powder, to be taken every night or every other night, whilst we endeavour to give tone to the digestive organs, and through them to the system in general, by administering in the morning and at noon daily a draught of this kind.

Infus. Cuspariæ ℥ss.
Aquæ Anethi ℥ii.
Ammon. Carbon. gr. j. M. fiat haustus, manè et meridie sumendus, quotidie.

Or this—

℞ Infus. Gentianæ Comp. vel Infusi Calumbæ.
Aquæ Menthæ sativæ, ʒiij.
Spir. Ammon. Aromat.
Tinct. Cardamon comp. ɱv. M. fiat haustus, manè et meridie sumendus, quotidie.

In the description of the treatment of infantile fever which I have just offered you, I have supposed that the child was about three years old, and I have adapted the doses of the medicines prescribed to that age. These, however may be accommodated to any other age by the use of Dr. Young's canon, (see Medical Literature.) It is this:—

"For children under 12 years old, the doses of most medicines must be diminished in the proportion of the age to the age increased by 12."

For instance, the full dose of powdered rhubarb for an adult is gr. xxx. The dose at three years of age would be $\frac{3}{3+12}$, or $\frac{3}{15}$, or $\frac{1}{5}$; one-fifth of thirty is six, the dose for a child of three years old. I need scarcely say, that with a very little practice you will be able to dispense with any such artificial rule as this, for the medicines which children require are few in number, and these in a very short time we learn to administer in proper quantities without hesitation or difficulty; but whenever any doubt arises, a reference to the canon just mentioned will at once clear it away. It may be as well at the same time to remember, that children under twelve months of age will for the most part bear the full dose given by the canon for a child of a year old; and besides, that infants bear large doses of calomel very well, and large doses of opium and of antimony very ill. Antimony should not be administered at all to a child before it is weaned, and afterwards with great caution, and in very small doses; and as to the two other medicines just mentioned, I should not like to give a new born child, under any circumstances, more than four or five minims of tinctura opii in the course of the day, whilst there are certainly occasions which would justify the exhibition of more than as many grains of calomel in the same time.

So far we have been speaking of the medicines to be administered to children labouring under remittent fever, but there is a part of the necessary treatment not yet touched upon, which is of equal, if not superior importance, towards ensuring the cure of the disease, than this question of medicines to be administered. I refer to the subject of diet. I have already stated that errors and excess in food are, in the first instance, amongst the most obvious causes of infantile fever; and I may now add, that the same errors and excess are, if persisted in during the fever, the most frequent causes of its severity, and offer the greatest impediment to its removal.

The prejudices of most nurses dispose them to over-feed the children under their charge at all times, and particularly when they appear weak and ill. Now, as the weakness and depression under which the child is labouring in an attack of remittent fever, is in a great measure owing to its almost total inability of digesting any thing, it is obvious that, by increasing the quantity of food introduced into the stomach, you are not only doing no good, but are overloading and oppressing an organ whose powers are already almost extinguished by disease; which powers it can only recover by repose, or at any rate by being allowed to perform, for a considerable time, the lightest and easiest duty.

It is necessary, then, as soon as a child is seized with remittent fever, that all solid food should be interdicted; for the stomach is, under such circumstances, incapable of digesting such food, and all that is not digested will serve merely as a source of increased irritation and more intense febrile excitement. The little patient should, therefore, live entirely on the breast (if it be not weaned), or, if weaned, on milk and water, rennet whey, thin gruel, or barley-water with milk, or ass's milk; and of these, from two or four ounces (according to the child's age) every four hours, will be quite sufficient nourishment during the activity of the fever. As soon as this has subsided, the same quantity of beaf-tea, chicken-broth, or weak veal-broth, thickened with tapioca or rice, or arrow-root, may be substituted for the milk, twice a-day; but solid food must not be allowed until it is evident that the digestive organs have recovered their power; and this will be sufficiently evinced by the restoration of healthy colour and consistence, and smell, to the excretions; and even then the quantity of solid food, being, of course, at all times appor-

tioned to the age of the patient, must be allowed in very moderate quantity for several weeks, lest its superabundance should, as is very commonly the case where such precaution is neglected, reproduce the disease which has so lately been overcome.

Having thus concluded the description of the treatment of remittent fever in children as well as in adults, I will detain you a few minutes by mentioning shortly THE APPEARANCES AFTER DEATH, in those who die of this disease.

In adults, if the violence of the fever destroys the individual in a few days, the appearances of congestion, or sanguineous accumulation, found after death, are precisely like those already described, as observable in persons who have died of intermittent fever; whilst, on the other hand, if death takes place at a more advanced period of the complaint, after it has taken, in a great measure, the character of a continued fever, the appearances are those which we shall describe at length when we speak of that disease. I should say, generally, that often considerable quantities of serum are found effused between the membranes and within the ventricles of the brain, and that inflammatory congestions, if I may so speak, are detected in the liver or the spleen, or the mucous membrane of the stomach and bowels, or the bronchial membrane, or in several or all of these together.

In the remittent fever of children, the appearances after death are very similar to those just mentioned, except that, when the disease has continued for some weeks, obstructions occur in the mesenteric absorbents, and the glands are enlarged and diseased.

PROGNOSIS.

The prognosis in this disease, as in most fevers, is unfavourable when the principal symptoms set in with unusual violence at the beginning of the disease, especially when the delirium is furious at the commencement, or when the irritability of the stomach is intense, and insuperable by the ordinary means used for subduing it, when the hepatic congestion is great, or the bronchial affection very severe. All these being proofs of the severity of the disease, are, of course, circumstances affording an unfavourable prognosis.

In a more advanced stage of the disease, that which affords the worst possible prognosis is the failure of the vital powers, whilst the morbid actions constituting the disease remain in all their vigour. Supposing, for instance, the delirium is constant, the sickness incessant, the sense of oppression at the præcordia highly distressing, and yet the pulse is exceedingly weak; the skin cool and clammy, the excretions escaping without the consciousness of the patient;—I need scarcely say what will be the probable termination of the disease: and if to these be added passive hæmorrhages—such as the descent of large quantities of venous blood from the bowels—tympany, petechiæ, and subsultus tendinum, the death of the patient cannot be distant.

On the other hand, simple debility, unless, indeed, it be excessive, would not alarm us, if we daily saw the more important symptoms of the disease yielding to the medicines exhibited, and to the general treatment adopted for its removal.

This will suffice as hints for forming a prognosis in remittent fever: many of these we shall have occasion to mention again, when we speak of the favourable and unfavourable symptoms of continued fever.

ON CONTINUED FEVER.

Having completed the description of intermittents and remittents, we have now to proceed to the consideration of a species of fever which, whether it is viewed with reference to the obscurity of its cause, its prevalence in almost every country of the world, or its fatal effects on the human constitution when it is neglected or improperly treated, is peculiarly interesting and important to every practitioner. The disease to which I allude is continued fever. It is the disease which, according to its severity or mildness, or according to the presence or prominence of certain symptoms, and the indistinctness or absence of others, has been called by various names. It has been known as putrid fever, or malignant fever; nervous fever, one-and-twenty day fever, petechial fever; typhus gravior, typhus mitior, synochus, synocha, low fever, brain fever, mucous fever, muco-enteritis, simple typhus, congestive typhus.

These names are, for the most part, explicit enough in themselves, and therefore do not require much ex-

planation. It is well known that many writers and physicians formerly considered that certain forms of the disease were attended with a putrescency of the system, and that these cases were peculiarly malignant. Hence the name of putrid or malignant fever. In other instances it was supposed that the brain and nervous system, to the exclusion of the system of blood-vessels, was the seat of the disease: hence the name of nervous fever. It was called one-and-twenty day fever from a supposition that a crisis frequently occurred at the end of three weeks. The presence of petechiæ, in severe instances of the complaint, contributed the name of petechial fever; whilst the appellation of typhus, with its various epithets and modifications, was derived from a Greek word, signifying smoke, or confusion. Synochus and synocha, are merely "continued," in Greek. The terms low fever and brain fever require no explanation; and as to the more modern denominations, of mucous fever, and muco-enteritis, they will be sufficiently explained by-and-by, when we describe at length the extensive injuries so often inflicted on the membranous lining of the air passages and intestines, during the progress of the disease under consideration.

Now, all these varieties of disease, under whatever name they may have been described, when viewed pathologically, may be considered as one and the same disease.

That disease I propose hereafter to designate by the simple appellation of CONTINUED FEVER.

The exciting causes of continued fever are certainly enveloped in some obscurity. It is impossible, however, to look at the character of this disease without being struck with the analogy which it bears to the two species of fever of which we have just finished the description; nor, indeed, can there be any doubt that it does not differ more in its symptoms from remittent fevers than remittents differ from intermittents.

If, then, this analogy be allowed, we do not, I think, violate the rules of probability by saying that it is likely that this disease, in common with those I have just alluded to, may often owe its origin to some qualities of the air; not, indeed, precisely those which produce intermittents or remittents, but qualities which, whilst they bear some analogy to the endemic sources of those diseases, are, at the same time, infinitely more common, and diffused with much less discrimination over districts of various character and every degree of elevation. The simple fact, that we have never been able to detect, by analysis, the nature of that atmospherical constitution which we suppose capable of producing this disease, is no more an argument against its being its source, than the obscurity which conceals the qualities of marsh effluvium is an argument against its power of producing intermittent fevers.

It is my belief, Gentlemen, that the disease in question is generally non-contagious:—that it will attack simultaneously, or one after another, persons in the same family, who have been exposed to the same exciting cause, is an undoubted fact; but it appears to me much easier to conceive that it is some epidemic, or endemic influence, which acts equally on all, as we know is the case in marsh fevers, than to believe that a fever, characterized by circumstances so similar to those of the endemic fevers which we have been describing, and often absolutely alternating with them, can differ so materially from them in its origin.

I have said that the precise nature of the effluvium producing remittent and intermittent fevers, has always baffled the powers of chemical analysis, and the same thing may be said of the qualities of the air which generate continued fevers. Sydenham calls the cause of the continued fevers of his day a secret constitution of the air; and that which was secret then, I am sorry to say, remains still undiscovered: but, whatever may be its nature and qualities, there are some circumstances attending it which are quite indisputable. It is, for instance, well known to exist, in its fullest strength, in low and damp situations. Remark the districts in our own immediate neighbourhood, where this remote cause of fever is most active: we shall find, whenever continued fever is epidemic, it is always most prevalent in the low tract which lies between Hammersmith or Fulham, and Westminster Abbey on one side of the water, and between Putney and Rotherhithe on the other. It is certain, however, that this fever, as I observed of remittents, is not confined to the lower parts of the town: it occurs, although

not so frequently, in higher and dryer situations. Of these cases, some, undoubtedly, may be supposed to occur in individuals who have exposed themselves, during their usual occupations, to the effluvia of damper situations; others, if their cases are carefully examined, will be found to dwell in dry situations indeed, as far as external appearances go, but to occupy damp basement floors, or houses in which the drains are out of order, and very offensive;—or it will be ascertained that they live in the neighbourhood of open ditches, or sewers, or some other similar source of that state of the air which we suppose to be the cause of the disease in question. As we do not know what that precise state is, it is possible that we may sometimes fail in tracing it to its right source: but I think it is but fair, since we can often detect the origin of the effluvium in question, to take for granted, in those instances in which it eludes our search, that the cause is still analogous to that which we have so often detected under similar circumstances of disease.

[To be continued.]

MEMOIR

ON

LATERAL DEPRESSION OF THE PARIETES OF THE CHEST.

By M. Dupuytren*.

Some authors have spoken of this deformity, either connecting it with the diseases of children or with rachitis; such, for example, are Van Swieten, J. L. Petit, Levacher, &c.; but it is only necessary to read the little they have said, to be convinced that they have given a very imperfect account of the disease, and of its cure.

This unnatural formation of the chest is most frequently observed in the children of scrofulous or ricketty parents, residing in low, damp, and cold situations; in those who are badly clothed and ill fed.

In children affected with this deformity, the sternum protrudes like a keel; the vertebral column projects behind, and the ribs are not merely flattened, but actually bent inwards, nearly as if, while they were yet soft, and capable of taking any shape or form, the sides of the patient had been pressed towards each other, as pigeons are suffocated by passing the fingers under the wings, and compressing the sides of the thorax. To so great an extent does this proceed in some children, that the two sides of the chest may be embraced, or spanned, between the fingers of the same hand. The natural proportions of the cavity of the chest are then so much changed, that the diameter from one side to the other loses one-fourth, one-third, or even one-half; while the antero-posterior diameter, and that from above downwards, gain nearly as much. It would seem that, in depriving the chest, and consequently the lungs, of their dimensions in one direction, nature endeavoured to make it up by encreasing them in another. It is far, however, from following, that there is an entire compensation, either with regard to the capacity of the chest or the functions of the organs contained in it: whether it be that the chest does not actually gain so much in the one direction as it loses in the other, or whether the organs placed in an unnatural situation cannot act so well, the deformity never fails to produce great oppression and shortness of breathing, often amounting to anxiety, and even anguish. In the new born infant there is great difficulty in sucking, and suffocation is produced by a continued attempt, so that the babe quits the breast, after a few minutes, with screaming. At a more advanced age, the voice is affected, becoming short, interrupted, and, as it were, jerking. These symptoms are aggravated every time that the patient takes the least exercise—such as going up or down stairs, or even speaking with animation. In this respect, the patients much resemble persons labouring under disease of the heart; but an attentive examination will shew that these disorders and irregularities are in proportion to the derangement of the respiration alone, and are, in fact, one of the effects produced by it.

During sleep, the respiration, impeded by the defective formation of the thorax, and by the swelling of the tonsils, is always performed with the mouth open, and with noise. The sleep itself, indeed, is frequently disturbed by unpleasant dreams, which are almost always connected with the state of the

* Repertoire Générale. Tome 5.

respiration, and which are frequently interrupted by cries, or starting.

These symptoms, especially the difficulty of breathing and interrupted circulation, may be carried to such an extent as to cause death in early infancy, or, if not, they keep the patient in such a state of weakness as deprives him of the best part of his faculties.

It is remarkable, that this deformity is almost constantly accompanied by a considerable swelling of the tonsils—a phenomenon, the connexion of which with depression of the chest, is at present unknown. It is easy to conceive how much this swelling must add to the difficulty of breathing; and it is sometimes so great that I have been obliged to extirpate the glands—an operation which, without entirely removing the difficulty of respiration, has, at least, always relieved the patients.

Pulmonary catarrh is a no less frequent complication of this depression of the ribs and enlargement of the tonsils, and always constitutes a formidable addition. There now exists a threefold source of oppression—deformity of the chest, enlargement of the tonsils, and catarrh. But, of all the diseases which may be combined with this state, hooping-cough is the most to be dreaded: I never witnessed a more painful spectacle than that of an unfortunate child, who, with the ribs bent in at the sides, and enlarged tonsils, was attacked with this disease in a severe form. He experienced, at every paroxysm of coughing, a degree of oppression which seemed to threaten immediate suffocation; and, in fact, he did perish in one of these attacks.

I have spoken of the enlargement of the tonsils as existing along with this deformity of the chest; and I have frequently been obliged to extirpate them in children at the breast. Whether is it more eligible to adopt this latter practice, or to wait? I have felt as much as any one—perhaps more than most—the difficulty of the operation at a period of life when reason is unable to overcome the impulses of instinct, which oppose themselves to every thing causing pain, and which endeavour to remove even whatever produces restraint. Accordingly, nothing but the imminent danger to life, has sufficed to make me decide upon operating in such cases. This danger is such, that I have seen infants affected simultaneously with this depression of the ribs, and with enlarged tonsils, sink, after dreadful but ineffectual struggles to breathe, into a state of convulsions, or of asphyxia—a state from which they recover only to relapse into it again on the next attack. It is necessary, then, to operate, under pain of seeing these unhappy creatures lose their lives in the greatest torment—from the necessity, at once, and impossibility of breathing *.

The examination of a considerable number of children, in whom this conformation of the ribs has been present, has shewn an imperfect development of the skeleton; the bones of the head being open, at a time when they ought to have been closed, the ends of the long bones being enlarged and soft in their texture, resembling bones steeped in diluted nitric acid, so that they were sometimes more easily cut than broken; the venous system much developed, and the cellular tissue of the bones of a deep red, as if from venous vascularity; the dentition backward, and the teeth of the first or second set, spoilt. The lungs have been found depressed towards the vertebral column, offering towards the point corresponding to the depression of the thorax a similar depression, and behind having the mark of the ribs, so that they seemed furrowed by these bones; the lines in relief corresponding to the intercostal spaces.

It is necessary in these cases, as in all other deformities of the bones depending upon softening produced by scrofula or rachitis, to have recourse to a strengthening regimen, and to the use of bitters—but with great moderation, on account of the respiratory and circulating systems; the disturbance of which would be increased by the too free use of tonics. With these must be united local means; and of those which I have employed, the most efficacious are such as tend to strengthen the muscles which connect the arms with the chest; *and, above all, pressure from before backwards frequently applied to the sternum.*

The exercises which I recommend, have for their object to raise the parietes of the thorax—to separate them and

* The author here alludes to an instrument invented by Dr. Lemaitre, which he strongly recommends in the operation of extirpating the tonsils.

carry them outwards; in short, to restore them to their natural situation. There is no exercise more calculated to effect this, than that of raising, by means of the hands and arms, a weight suspended by a cord passing across two pulleys, the end being attached to the middle of a stick to be held with both hands. The weight must be proportioned to the strength of the patient, who, standing up, or raising himself on his tiptoes, is to seize one end of the stick in each hand, and employ the muscles of the forearm, arm, neck, and chest, in order to bend at once the head, chest, and trunk, towards the floor, thus raising the weight attached to the other end; exciting alternately the flexor muscles to elevate the weight, and the extensors to raise the body again to the erect posture. If it be true, as cannot be doubted, that there exists, between the bones and the muscles, a relation with regard to figure and action, such as these last always tend to exercise on the former, so as to bring them to one constant shape, it is certain that the exercise which we have just described, as directing these muscular efforts on the bones of the chest, must bring back, by degrees, the parietes of that cavity to a better form.

Pressure on the chest, from before backwards, by means of a machine, having a *point d'appui* on the back, would have all the inconveniences inseparable from such contrivances—namely, irritating the skin and producing inflammation. The pressure which I recommend has not this disadvantage: it consists in supporting the child's back either with the knee, with one hand, or, what is better, against the wall; and thus pressing, with the palm of the other hand, on the most prominent point of the sternum, with an alternating movement corresponding to the act of respiration. After a few days, the little patient, and the person who applies the pressure, learn mutually to accommodate each other—the pressure being applied during expiration, and suspended during inspiration. During these movements, a noise is heard like that of air, alternately entering and being forced out of a bellows.

I have often observed, with the greatest attention, the immediate effects of this exercise: they consist in a flattening of the keel formed by the sternum, a bending, more or less distinct, of the ribs outwards, and a momentary return of the chest to a more natural form; respiration much more full and complete than usual, and then, on the removal of the compression, the sudden return of the parts to their ordinary state — the return being accompanied by a deep inspiration. These compressions ought to be repeated a hundred times a-day, if that be possible, and continued several minutes each time: their efficiency is greater in proportion as they are longer and more frequently used. The care of carrying them into effect ought not to be left to any one indifferently—it is only in a mother's love that we find the perseverance necessary to effect a cure; but, with this assistance, there is scarcely any instance of this kind of deformity which may not be remedied; and I have known children, affected with it in a very high degree, grow up robust and well made. Such was the result of the following case, taken at hazard from among many others, the success of which was not less complete.

A female child, the daughter of a ricketty mother and scrofulous father, had, at the time of birth, great difficulty in breathing, and still more in taking the breast. Her cries, the desire to take food, and the impossibility of satisfying her appetite, gave rise to my being sent for; and I observed a constant oppression, accompanied by hurry and derangement in the functions of the lungs and heart. The child cried and fretted constantly, endeavouring to suck every thing which was put to its mouth. She eagerly seized the breast when it was presented, sucked with avidity for a moment or two, till she brought the milk in such quantity into her mouth that it ran over, and then she would quit the breast with the most distressing cries. After a time she returned to it again, when the same thing was repeated. To these symptoms was added a great depression of the sides of the chest, with a corresponding projection of the sternum and belly before, and of the vertebral column behind. There was nothing wrong about the nostrils or tongue; the nipples of the nurse were well formed; the milk flowed with facility. The difficulty which the infant had in retaining the breast, as well as the disturbance of the breathing, &c.

depended upon the conformation of the parietes of the chest. This did not admit of immediate relief—but it was necessary to keep the child alive, and, to effect this, it required to be nourished. This was accomplished by keeping the nostrils clean and free, taking care to keep the breast and every thing else from coming into contact with them, so as to interrupt the passage of the air; giving the nipple and taking it away again alternately, so as to afford the respiration time to recover itself; and, above all, gradually feeding the child with a spoon, instead of allowing it to suck, as this process obliges the individual to breathe, for the time, by the nostrils exclusively.

By these means, the child acquired the age of three years, and even became strong; but the defective formation of the chest continued, and gave rise to difficulty of breathing, which manifested itself by the frequency and shortness of respiration; by habitual oppression, increased by the slightest exercise; by the interruption of the sleep; frightful dreams; sudden waking; and by an habitual reddish purple-colour of the face, which became deeper in proportion to the oppression. At this time, the noise which the air made in the throat, particularly during the night, induced us to examine the tonsils, which were found to be so large that they scarcely left half the natural passage free.

Was there any organic disease of the heart or lungs? The former idea was rejected—the latter was maintained by some of the medical men who were called in. The greater number, however, thought that all the phenomena depended upon the defect in the figure of the chest. This had been sensibly increasing for some time: it had been agreed to employ tonics, but the increase they occasioned of the oppression and agitation, soon rendered it necessary to discontinue them. They were resumed and discontinued several times, until it was quite ascertained that they did harm—when they were permanently abandoned. I then proposed pressure on the chest, from before backwards, in the manner above described. The child, now between three and four years old, had at first some difficulty in being reconciled to this treatment, but after a time, encouraged by the benefit which resulted, the parents and friends became so zealous, that the pressure was applied many times a-day. This perseverance speedily produced the happiest results: in less than six months the projection of the sternum diminished, the back got straighter, the lateral depression of the chest almost entirely ceased, the belly lost its inordinate size, the breathing was more easy and regular, exercise became less fatiguing, the size of the tonsils diminished, as well as the noise made by the air in passing the throat. Six or seven years went on in this way, during which time the patient grew and acquired strength astonishingly. Nevertheless, she had not the chest perfectly well formed, nor the back perfectly straight, nor the respiration perfectly free. The thorax was round and cylindrical, and active exercise, after a time, disturbed the breathing. I then recommended the exercise above described; and this was employed, during two years, with the same degree of perseverance as the compressions had formerly been. Two or three hours were spent in this manner each day, the good effects of which were speedily manifested. The muscles of the superior extremities acquired strength; those coming from the thorax, especially, became much developed; the chest increased in breadth; the spine acquired its natural form; the respiration was deep, and of its proper frequency;—in a word, this young person is now one of the largest and most perfectly formed of her sex, and no one, on looking at her, would suspect that, during infancy, she had been deformed.

MEMOIR

ON THE

OBSTACLES PRESENTED TO DELIVERY BY THE MALFORMATION OF THE FŒTUS.

By A. Duges,

Professor to the Faculty of Medicine, Montpellier.

[Concluded from page 207.]

Water in the Head.

The only objects connected with water in the head, which we have to consider, are those which influence parturition; its frequency at the time of birth; the signs by which it may be

known; its effects on labour; and the manner of affording the necessary assistance.

As to its degree of frequency, in consulting the registers left by Mad. Lacapelle, I find that, of 43,555 labours, which took place at the Maternité, between 1799 and 1820, only 15 cases of hydrocephalus at birth are mentioned, giving a proportion of 1 in 2904. We must, therefore, expect to meet with them very seldom in civil practice, and take care not to suspect their existence on vague grounds.

Among the signs, there are some which may be called conjectural—such as certain circumstances which may be looked upon as giving rise to hydrocephalus: for example, serous infiltration of the cellular membrane in the mother, during pregnancy, or a very large quantity of liquor amnii. We may also mention an hereditary disposition—for instance, if the woman has already given birth to one or more children labouring under this kind of dropsy; if she has herself a large and prominent forehead; if she is of a lymphatic temperament, and disposed to anasarca; we may then apprehend that all her offspring will be hydrocephalic. These, however, after all, are merely conjectural; and it is to the sensible signs—those afforded by the touch, that we must trust.

A surface which is large and little convex—which covers all the points of the superior isthmus, without however passing into it—a consistence which varies at different points, but which always presents resistance during the pains—softness, or even fluctuation, produced by the finger during the intervals: these are what is first perceived. By proceeding regularly, portions of the bones may be felt separated by membranous interstices, and the fontanelle—sometimes as large as the palm of the hand. If any other part than the vertex has presented, so that the head is only accessible at its base, the separation of the bones will be much less, but still will be easily appreciable. Such is the description of an hydrocephalus which is considerable; and the same marks measured by a smaller scale will also detect an instance of the affection proportionally less; but the head being then more convex, will also be less soft, and will protrude more into the pelvis.

We have pointed out in the preceding part the characters of an infiltration external to the cranium: we may mention, with regard to sanguineous infiltrations, that clammy softness which retains the impression of the finger, and which will be sufficient to prevent any risk of these being confounded with hydrocephalus. The head of a healthy fœtus is possessed, even when large, of a density of the bones, and narrowness of the fontanelles, which admits not of mistake. Sometimes a softness of the parietals is met with, which might give rise to error: this softness depends upon imperfect ossification of their inner and posterior part—there they are often very thin, pierced by spaces not yet ossified, and easily broken even by the process of labour: they yield to pressure with a crepitation like that of dry parchment, and spring up again in the same way. This last character is pathognomonic: once, however, I saw this region of the skull absolutely membranous, to the extent of an inch and a half in every direction; but the neighbouring bones did not yield to pressure in the same way as those of an hydrocephalic child, and the sutures had their accustomed arrangement.

I shall here also mention another source of error. It is an unnatural direction of the fœtus, in which the trunk is directed towards the loins of the mother, and the head rests above the pubes. This constitutes the *posterior obliquity*, denied by Baudelocque and others. The axis of the fœtus, far from being parallel to that of the superior isthmus, crosses it at an acute angle, and the head rests above, propped upon the anterior part of its circumference. The elevation of the head, and its immobility, notwithstanding the uterine contractions, and the natural dimensions of the pelvis, may the more readily lead to deception, as we cannot reach the vertex with the point of the finger without difficulty, and can scarcely measure its size by the ordinary process of the touch. But only to speak of the most important signs—this very elevation, and the hollow which remains between the head and the sacro-vertebral angle (which is easily discovered), are quite sufficient for the diagnosis.

The indications do not depend merely upon the size of the head, which we never can ascertain with precision—

they must also be guided by its flexibility—the disposition it evinces to enter the pelvis. A head of moderate size, soft and flexible, a vigorous mother, and contractile uterus, are circumstances which would lead the practitioner to trust to the spontaneous termination of the labour; but if the head advance slowly—if the woman be weak and exhausted—the forceps may be employed with advantage. The branches applied to the sides of the pelvis must be brought together with caution, and the accoucheur must pull very gently, lest he should produce laceration, or have the instrument lose its hold. If the infant presents the shoulder, and the head be disengaged, and appears of middling size, turning is indicated. The extraction of the head, if the child be living, may be assisted by introducing the fingers into the mouth, and even by the application of the forceps: if it be dead, this will be known, because the trunk will have been already extracted, and we can then act without reserve, perforating the cranium, or applying the sharp crochet; but if the ordinary perforator cannot be introduced either by the fontanelle or the occipital foramen, the *terebellum* (which I have proposed in cases of deformed pelvis) will pierce through the bone itself.

If the death of the fœtus could be ascertained with equal certainty when the vertex presented, the perforation of the cranium would still be applicable; but is it the same where the vertex presents, or the child has been extracted as far as the shoulders, and there exists a certainty, or at least a strong probability, of the contrary, the head being such that neither the forceps nor hand can effect its extraction? The hydrocephalic patient, it is said, will perish a few moments after its birth; it may, therefore, be destroyed to save the mother. But even in admitting this supposition, and considering the infant as the destroyer of the mother, does it rest with us to take away its life? We may, I think, be permitted to doubt this.

After it is punctured, the head often passes on from the mere efforts of the uterus; but, if assistance be required, it may be derived from the forceps, turning, or the blunt crochet; but these manipulations do not come within the scope of the present discussion.

A young and robust woman gave birth, on the 23d November, 1819, at the full period of her third pregnancy, to an infant which was dead and hydrocephalic. This disease had been ascertained during the labour; but as the head made progress, although slowly, it was not deemed necessary to have recourse to any operation. It was not till twenty-four hours after the commencement of the pains that the delivery was completed. The mother did well. The child weighed altogether seven pounds ten ounces; the serum contained in the head rather more than thirty ounces. It was reddish and turbid, contained as usual within the ventricles, the parietes of which were very much attenuated. The head had the following dimensions: occipito-mental diameter, 6 inches, ten lines; occipito-frontal, 6 inches, 8 lines; biparietal, 4 inches, 11 lines*. I need scarcely remark that a head so voluminous as the above could not have been spontaneously delivered except from the assistance afforded by its flexibility.

A woman of strong constitution, aged 24, had rather a distressing pregnancy. Labour commenced on the 3d of March, 1824, and the membranes ruptured at five o'clock in the evening. The head remained above the superior strait, although the dilatation was complete. The pains ceased soon after, and, not having returned at eleven next morning, Madame Legrand directed one of her assistants to turn the child and terminate the delivery. On introducing the hand, she found the face of the child to the left and behind. She then laid hold of the left foot, and being unable to find the other, contented herself with proceeding methodically with the one she had reached. The delivery was readily effected of all the fœtus, excepting the head. This, however, resisted every effort: the forceps slipt over it, the blunt crochet was of no avail, and it was soon perceived that the child no longer exhibibited any signs of life. In an hour after, M. Dubois made fresh attempts to effect the delivery, with the same instruments, but in vain. He then took a sharp crochet, and pierced the left side of the head, near the mastoid fontanelle: immediately a serous fluid escaped in abundance; the head was extracted, and it was discovered that it had been distended by a dropsical effusion. This case affords a striking illustration of the disposition which some women have to give birth to hy-

* French admeasurement.

drocephalic children—both the instances above related having occurred in the same individual.

Dropsy of other Parts of the Body.

Hydrocephalus does not always distend the whole head equally, but sometimes forms irregular tumors, which, however, on account of their softness, rarely present any obstacle to delivery. Ascites, still more uncommon than hydrocephalus, and water in the chest, yet rarer than either, do not necessarily prevent the child from being delivered either spontaneously, as I once saw, or with a little assistance. Indeed dropsical children are generally born before the full period. The infant above alluded to was born at the eighth month; one mentioned by Ramsbotham at seven months, and another by Portal, at the same period. A very large quantity of liquor amnii, and ascites on the part of the mother, may be causes of, and consequently conjectural signs of dropsy of the fœtus; but the truth cannot be ascertained in a satisfactory manner, until the expulsion of some part of the body has taken place: retained then by the enlargement of the abdomen, or thorax, it is arrested, and the accoucheur finds the pelvis filled by a large soft fluctuating tumor, which is easily evacuated by puncturing it with a trochar. The delivery will not fail to take place without difficulty, and unassisted by the operations recommended by various writers.

I shall only add one word with regard to those harder steatomatous tumors which may interrupt the progress of labour. They will often yield to pulling; and thus to remove them, if possible, or to empty them, if they contain a fluid, but always with the greatest possible tenderness towards the infant, if yet alive, are the only general directions which can be given.

Multiplication of Parts in the Fœtus.

Baudelocque has justly observed that it is extremely difficult to recognize the true state of matters under such circumstances. We shall, therefore, only give, in this paragraph, some of the signs by which the presence of twins may be distinguished from that of a double fœtus. Before the labour, the division of the belly into two lobes, the movements felt by the mother in two very different places; the beating of two hearts, heard at a great distance from each other, by means of the stethoscope, but with some variety in the situation; these are the marks rather of twins than a double child—unless, indeed, as in the case related by Walter, the uterus contains both twins and a double monster. If, when the labour has begun, we perceive two membranous bags, and the waters come away at two different times, the presence of twins may be looked upon as certain, for there are never two distinct envelopes for a double monster, and very seldom are natural twins contained in one. If one or both feet come down with the head, and if they are extracted by gentle pulling, without the head having a tendency to ascend, then we may be sure that there are two separate children; for a monster is never formed of two individuals, so placed as to have the head of the one by the feet of the other. But if several members present at once, it is only by carrying the hand into the uterus that it is possible to ascertain whether the individuals to whom they belong be joined together or separate.

The facility with which the natural efforts, either alone, or assisted even by persons of little skill, effect the delivery of monsters of the most disadvantageous formation, with regard to the mechanism of the parts, has always excited the astonishment of accoucheurs. The chief impediment is presented by the existence of two heads; and we shall briefly consider the cases where, along with this, the trunk also is double, and those in which it is single. If the two heads come down first, can the delivery be spontaneously effected? I think not, unless they are either very small, or have little consistence. It may be accomplished, however, if two fœtuses are loosely united, so as not to be always exactly parallel, but to present the parts successively instead of simultaneously. The direction of the fœtus, according to the axis of the superior isthmus, causes the head which is situated anteriorly to be likewise the inferior, and it is engaged in the pelvis while the other is kept back by the sacro-vertebral angle. The first head, as it advances, may be followed by the second, if small and soft, and the delivery be thus accomplished. But if the heads are both large, the second will, as it were, turn over the sacro-vertebral angle, and thus oppose the delivery.

It does not, however, happen thus if the feet or buttocks present; then the trunk, whether single or double, is expelled; after this the head, which is placed posteriorly, being the lower, (in consequence of the direction of the fœtus, which is then parallel to the inferior isthmus) becomes first engaged, and is afterwards followed by the other, the whole process being unattended with difficulty.

As to the monsters united by the vertex or occiput, they would offer no real difficulty unless the two heads presented at once. In this case, if the adhesions were sufficiently loose, they would follow the same course as in the preceding instance, but if the feet of one presented the other would follow without difficulty.

As to monsters united by the breech, the point of union is never sufficiently flexible to admit of a double presentation, the two trunks being connected in a direct line, so that they can only advance by one of the heads, and the birth is then effected without difficulty.

ON THE MECHANISM OF THE ACT OF VOMITING.

By Marshall Hall, M.D. F.R.S.E. &c.

Two opinions have divided physiologists respecting the nature of the act of vomiting. It was originally and long thought that this act consisted simply in a sudden and forcible contraction of the stomach itself. Afterwards Bayle and Chirac, and more recently M. Magendie, considered that the stomach is inactive, and evacuated by being subjected to pressure by the simultaneous contraction of the diaphragm and abdominal muscles.

It appears to me that neither of these opinions is correct. M. Magendie distinctly proves, by actual observation, and by the substitution of a bladder in the place of the stomach, that the contraction of this organ is not usually subservient or necessary to the act of vomiting. I refer to the interesting paper* of that eminent physiologist for the more full elucidation of this first question. I proceed to state such observations as appear to me to controvert the second, and to establish that view of this subject which I have myself been led to adopt.

It is obvious that, if vomiting were effected by a contraction of the diaphragm, it must be attended by inspiration. If this were the case, the fluids ejected from the stomach would be drawn into the larynx, and induce great irritation, events which are not observed. These events are, indeed, effectually prevented by an accurate closure of the larynx, a fact observed in an actual experiment by M. Magendie, who makes the following observation:—"Dans le vomissement, au moment où les matièrs vomies traversent la pharynx, la glotte se ferme très-exactement." It is astonishing that this observation did not lead its acute author to see that, under such circumstances, a contraction of the diaphragm, unless the thorax followed precisely *pari passu*, was impossible.

Complete vomiting has been observed, too, in cases in which the stomach had entirely passed through a wound of the diaphragm into the thorax, and in which it could not, consequently, be subjected to the action of that muscle. In some experiments, vomiting was observed also to take place, although the diaphragm had been paralyzed by a division of the phrenic nerves, or its influence subtracted by a division of its anterior attachments.

This view of the subject is still further confirmed by facts, which I now proceed to state, which prove that the act of vomiting is an effort, not of inspiration, but of expiration. This is obvious enough, indeed, on a mere observation of the state of the thorax and abdomen during vomiting. The larynx is evidently abruptly and forcibly closed, the thorax drawn downwards, and the abdomen inwards.

Such, indeed, appears to me to be the precise nature of the act of vomiting, in ordinary circumstances. The contents of the thorax and abdomen are subjected to the sudden and almost spasmodic contraction of all the muscles of expiration, the larynx being closed so that no air can escape from the chest, and the two cavities being made one by the floating or inert condition of the diaphragm. The mere mechanism of the act of vomiting differs little, therefore, from that of coughing, by which, indeed, the contents of the stomach are frequently expelled: the larynx, in the

* Memoire sur le Vomissement, par M. Magendie. A Paris, 1813.

former, is, however, permanently—in the latter, only momentarily—closed; and there is, doubtless, a different condition of the cardiac orifice and of the œsophagus.

It appeared to me, from these views of this subject, that, if an opening were made into the trachea, or through the parietes of the thorax, the effort of expiration constituting the act of vomiting would issue in expelling the air through these orifices respectively, and the evacuation of the stomach would be prevented; and I determined to submit the fact to the test of experiment. I took a little dog, made an ample opening into the windpipe, and gave a few grains of the sub-sulphate of mercury. The animal soon became sick. The first efforts to vomit induced a forcible expulsion of air through the orifice in the trachea. These efforts soon became very violent, however, and the stomach at length yielded a part of its contents. It was perfectly evident that the violent contractions of the abdominal muscles pressed upon the viscera of the abdomen so as to carry the diaphragm upwards to its fullest extent, and that at this moment vomiting was effected. The act of expiration was so forcible, that a lighted candle placed near the tracheal orifice was several times extinguished. In a second experiment, a free opening was made into the thorax between the sixth and seventh ribs of the right side. The lung collapsed partially only. During the first efforts to vomit, air was forcibly expelled through this orifice, the lung was brought almost into contact with it; the stomach was not evacuated. But as the efforts to vomit became extreme, a portion of lung was driven through the thoracic opening with violence and a sort of explosion, and at the same instant the stomach yielded its contents. These experiments appear to admit only of one explanation, of one conclusion,—that the act of vomiting is a forcible expiratory effort, the larynx being firmly closed, and the diaphragm perfectly inert.

It must be regarded as singular that M. Bourdon, by whom the action of the expiratory muscles, in their various "efforts," has been so well investigated, should have adopted other views of the act of vomiting.

It is not intended to state that the act of vomiting is simply such as I have described. There are many facts which appear to shew that the œsophagus is not without its share of influence in this act, and it is plain that the cardiac orifice must be freely opened; for mere pressure upon the viscera of the abdomen will not, in ordinary circumstances, evacuate the contents of the stomach. To effect this open state of the cardiac orifice, it is probably necessary that the diaphragm should, indeed, be in a relaxed rather than in a contracted state.

A singular and interesting fact was noticed by M. Magendie, of which he has not given any explanation. During the state of nausea which preceded the act of vomiting, in some of his experiments, air was drawn into the stomach. I am disposed to think that this effect was produced in the following manner: the larynx being closed preparatorily to the act of vomiting, an attempt at inspiration is made before the effort of expiration. In this attempt, air is drawn into the œsophagus, the larynx being impervious, and it is afterwards probably propelled along that canal into the stomach itself. It is not improbable, too, that, in some instances of vomiting, in which the action of the abdominal muscles was subtracted, a similar effort of inspiration has drawn substances from the stomach into the œsophagus, which has eventually expelled them by an inverted action. Neither of these phenomena could result from any action of the diaphragm, and much less from contraction of the abdominal muscles. But it is easy, by closing the larynx and attempting to inspire, to draw air into the œsophagus. A similar act, if very forcible, might draw a portion of the contents of the stomach through the cardiac orifice.

Such, then, appears to be the nature of the act of vomiting. How different is this act from one in which the diaphragm does, indeed, contract suddenly, under similar circumstances of closure of the larynx;—viz. singultus: the action of the diaphragm being an effort of inspiration, air is apt to be drawn into the œsophagus with considerable noise; and there is occasionally pain, not only about the insertions of the diaphragm, but about the closed larynx.

Quart. Journ. of Science,
June 1828.

STRANGULATED HERNIA.

To the Editor of the London Medical Gazette.

Sir,

Impressed as I am with the importance of recording all facts which tend to put in a stronger light the curative powers of surgery, I make no apology for sending you the following case of recovery after the operation for strangulated hernia, performed at a very advanced period of incarceration.

On the night of the 5th of June, I was requested by my friend, Dr. Alderson, to see a poor woman, named Mary Cook, who was suffering from strangulated hernia. The circumstances of the case were as follow:—The patient was 40 years of age, and had been about five years the subject of femoral hernia, for which she had worn a truss, having always been able to return the protruded parts, with the exception of a portion of omentum, which had constantly remained down.

On the morning of the 1st of June (87 hours before I saw her), a portion of intestine was thrust down in the act of coughing. From that time she had suffered very severe pain—at first in the tumor, and subsequently in the whole abdomen, with constipation, for the relief of which she had taken three powerful doses of cathartic medicine; but had carefully concealed from those about her the cause of her distress, from an apprehension of being sent to an hospital, until she believed herself to be dying.

When I saw her, she had been for some hours vomiting stercoraceous matter; her pulse was contracted, her skin clammy, and her countenance expressive of much anxiety. There was great tenderness of the whole abdomen, especially about the umbilicus; but the tumor was not so tender as it had been some hours before.

The symptoms I have described would have led me to believe that sphacelus had taken place, had I not been induced to entertain a contrary opinion by the extreme tension of the tumor, a diagnostic of which repeated experience has taught me the value.

As it was obvious that the operation afforded the only prospect of relief, I proposed that it should be immediately performed: to this she very reluctantly consented.

The sac contained a very small quantity of fluid, tinged with blood. A small portion of omentum, somewhat thickened, was firmly adherent to the sac. On its inner side was a small knuckle of ileum, very closely resembling a tamarind-stone in colour, so firmly girt by Gimbernat's ligament, that I could not insinuate my nail between them. Having with much difficulty introduced the probe-point of a bistoury between the intestine and the ligament, I divided the latter to a sufficient extent to admit of the reduction of the intestine: the omentum, on account of its firm adhesions, I left in the sac, and brought the edges of the wound together by a suture and adhesive plaister. The patient vomited shortly after the operation. Dr. Alderson agreed with me in directing that she should take nothing till the morning, except some tea, if she desired it.

On the following morning I found the patient much relieved. She had had several stools, and the sickness had ceased. She complained of much pain in the abdomen, and her pulse was hard and full.

V. S. ad ℥xviii. Hirudines xxiv. abdom.
℞ Hydrarg. Submur. gr. ii. Opii gr. ss. 4tis horis.
Haust. Salin. c. Magnes. Sulph. ʒj. 4tis horis.

In the evening she was again bled to ℥xii.

On the evening of the 7th the patient was seized with vomiting; therefore, as the bowels had not been moved on the preceding day, she was ordered an enema, composed of gruel, with ol. terebinthinæ ʒj.; and a very large blister was applied to the abdomen. The opium was omitted, and pulv. antimon. gr. iii. combined with the calomel.

It is needless to detail further the treatment that was pursued; suffice it to say, that on the 9th, the patient's mouth being very sore, the mercury was discontinued; that the bowels were very slow in regaining their healthy condition; but that in rather more than three weeks from the time of the operation, the portion of omentum contained in the sac having sloughed off, the wound had entirely healed, and the patient remained with no other complaint than some degree of dyspnœa, together with

palpitation of the heart, and occasional distressing pulsation in the upper part of the abdomen, to which she had for some years past been subject.

I have the honour to be,

Sir,

Your very obedient servant,

JOHN G. PERRY.

6, Great James-Street, Bedford-Row,
15th July, 1828.

TREATMENT OF PHLEBITIS.

To the Editor of the London Medical Gazette.

SIR,

PERMIT me, through the medium of your useful and excellent Journal, to offer a few remarks on the case of venesection recorded in your 31st number, which terminated fatally.

Having, during the course of a long practice, seen several similar cases, and one particularly severe not long since, all of which terminated favourably, I cannot consider the plan of treatment adopted at St. George's Hospital a very judicious one. In the first place, leeches in such cases do not remove the inflammation, but appear to me to add to the irritation. The incision, also, I consider not only useless but injurious. Well conducted fomentations, from the wrist to the shoulder, under the actual direction of the surgeon himself; and large poultices of linseed-meal, covering the whole limb, renewed twice in 24 hours; gentle aperients and opiates—will generally lead to a successful issue.

Such large doses of calomel cannot be vindicated, as there is, for the most part, in such cases, a tendency to debility. The other medicines prescribed in this case were strange indeed! Why give scammony? and why mix acetate of potash with liq. ammon. acet.? and to remove vomiting, half a drachm of Pulv. Trag. c., two drachms of syr. Alth. a scruple of magnesia, in one ounce of fluid? Surely such a horrid compound would excite, rather than remove, vomiting. Why was not the saline draught, in a state of effervescence, given, with small doses of tinct. opii?

I remain, Sir,

Your constant reader,

R. T.

July 7th, 1828.

SUPPLY OF WATER IN THE METROPOLIS.

Report of the Commissioners appointed by His Majesty to inquire into the State of the Supply of Water in the Metropolis.

* * * * * *

IN investigating the supply of water in respect to quantity, we proceeded, in the first instance, to collect the requisite information as to the powers and resources of the different water companies upon the north side of the Thames; first procuring evidence from the companies themselves as to the extent and facilities of their supplies, and afterwards checking such evidence by collateral testimony from other witnesses, and occasionally by personal examination into the facts.

The supply of this, the most extensive portion of the metropolis, is dependant upon five companies, which, arranged in the order of the number of tenants they serve, and nearly in that of the quantity of water which they respectively furnish, stand as follow:—

The New River,
The East London,
The West Middlesex,
The Chelsea, and
The Grand Junction Companies.

Of these companies, the New River derives its principal supplies of water from a spring at Chadwell, between Hertford and Ware, and about twenty-one miles north of London; and also from an arm of the river Lea, the source of which is near the Chadwell spring, in the proportion of about two-thirds from the former, and one-third from the latter. These united waters are conducted by an artificial channel nearly forty miles in length, to four reservoirs, called the New River Head, at Clerkenwell; proper means being adopted to prevent the ingress of fish and weeds, and such arrangements being made in respect to the mains as to prevent interruption of service in case of repairs. Since, however, the abandonment of the London bridge, and of the York Buildings water-works, whose former districts are now supplied by the New River Company, they have found it advisable to erect an engine at Broken Wharf, Thames-Street, by which they are enabled occasionally to supply parts of their district with Thames water,

when, from long-continued droughts, severe frosts, or other accidental causes, the flow of the New River is impeded. It appears, however, that the quantity of Thames water thus supplied bears a very trifling proportion to the other source, the engine at Broken Wharf having been worked for seventy-six hours only, in January and February of last year, and for one hundred hours during the drought of July and August. The number of tenants supplied by the New River Company is between 66,000 and 67,000, and the quantity of water which is daily supplied exceeds 13,000,000 gallons, being about 2,000,000 cubic feet.

The East London water-works are situated at Old Ford, on the river Lea; but as the tide of the Thames flows up that river to the extent of a mile beyond the works, and as their supplies are taken during the ascending tide, the description of water thus furnished will closely approximate to that of the Thames. This company has four reservoirs; the number of tenants supplied amounts to about 42,000, and the daily consumption of water to nearly 6,000,000 gallons, or about 950,000 cubic feet.

The West Middlesex water-works are upon the banks of the Thames, at the upper end of Hammersmith, and draw water exclusively from that river, opposite to the works. They have two reservoirs, one at Kensington and one at Little Primrose Hill, which are supplied by the engines at Hammersmith, and they serve about 15,000 tenants. The average daily consumption of water is 2,250,000 gallons, or about 360,000 cubic feet.

The Chelsea water-works are upon the banks of the river, about a quarter of a mile east of Chelsea Hospital; and their supplies are derived entirely from the Thames, opposite to their works. They have two reservoirs, one in Hyde Park, and one in the Green Park, close to Piccadilly. They supply about 12,400 houses; the average daily supply to the whole being about 1,760,000 gallons, or nearly 282,000 cubic feet.

The works of the Grand Junction Company are also at Chelsea, immediately adjacent to, and east of the Hospital. They derive the whole of their supply of water from the river Thames, with which they fill three reservoirs situated at Paddington; and from these their district is served. The number of their tenants does not appear to exceed 7700; but their daily consumption of water is about 2,800,000 gallons, or upwards of 450,000 cubic feet.

It appears from this statement that the portion of the town upon the north side of the river Thames, including the cities of London and Westminster, is supplied daily with a quantity of water amounting to nearly 26,000,000 gallons, and that the total number of houses and buildings receiving this supply amounts to about 144,000. The water is, of course, very unequally distributed, the average consumption in each house being apparently greatest in the district supplied by the Grand Junction company, where it amounts to about 363 gallons daily per house. Taking the average of the whole supply, the daily consumption of each house is about 180 gallons. Of this water, more than one half of which is derived from the Thames, a large portion is delivered at very considerable elevations above the level of the river, constituting what is called high service; for which purpose fifteen steam-engines are employed, exerting a power of about 1105 horses.

It is obvious, from the above statement, that the quantity of water supplied in London and Westminster is abundant; and in our examinations of individuals touching the quality of the water, we have in no instance met with complaints of deficiency in quantity. We have reason to believe that the hospitals, workhouses, and other similar establishments, where an abundance of water is an essential requisite, are in all cases duly supplied; and upon the important subject of supply in case of fire, our evidence leads us to believe that of late it has always been ample, and that when not immediately procured, the fault has lain with the turncocks; for among other advantages of the reservoirs annexed to the works upon the Middlesex side of the river, is that of having at command a large head of water, by which the mains are kept full, and in many districts are under considerable pressure. The supply of a large quantity of water upon any sudden emergency is thus ensured; and among other great advantages arising out of the substitution of iron for wooden mains, is that of their sustaining the pressure of a column of water which it would have been impossible,

in the former state of the works, to have commanded.

As far, therefore, as regards the description and quantity of water supplied to the cities of London and Westminster, it appears that more than half the consumption is derived from the Thames, and that it is in such abundance as not only to supply all necessary demands upon ordinary and extraordinary occasions, but that a proportion is constantly suffered to run to waste, by which the cleansing of the drains of houses and of the common sewers is effectually accomplished, all accumulations of filth obviated, and the general healthiness of the metropolis promoted.

We next proceeded to examine into the supply of water to those parts of the metropolis situated upon the south side of the river, including the Borough of Southwark. We found that they are dependant upon three establishments, known as

The Lambeth,
The South London, and
The Southwark water-works.

The first of these is upon the banks of the Thames, between Westminster and Waterloo Bridges, drawing its supplies from the river immediately opposite to the works. They have no reservoir, the water being forced immediately from the river into the mains, and thence distributed to about 16,000 tenants, who consume 1,244,000 gallons daily, or nearly 200,000 cubic feet.

The Vauxhall, or South London water-works, are situated in Kennington Lane, and have also an engine on the river at the foot of Vauxhall Bridge. They supply Thames water exclusively, and have reservoirs for the service of their upper engine. The number of their tenants is about 10,000, and the daily consumption of water about 1,000,000 of gallons, or about 160,000 cubic feet.

The Southwark water-works are upon the bank of the river, between Southwark and London Bridges, and derive the whole of their water from the middle of the river opposite to their engines. It appears that about 7000 tenants are supplied, by this establishment, with about 720,000 gallons of water, or 115,000 cubic feet daily.

Each of these establishments has two engines,—the aggregate power of the six may be estimated at about 235 horses. The whole of the water which they supply amounts to nearly 3,000,000 gallons, or 485,000 cubic feet daily, which is distributed among 33,000 tenants.

There appear to me no just complaints respecting the quantity of water furnished by any of these companies, except in cases of fire, when there has occasionally been a serious deficiency. We have inquired into the causes of this, and are induced to refer it to the want of proper reservoirs for preserving a head of water upon the mains when the engines are not working. On these occasions much time is often lost in sending to the engine of the district, and if the steam be not up, and the fire low, further and fatal delay sometimes occurs.

In reference to the total amount of the quantity of water required for the daily supply of the inhabitants of the metropolis, and for the use of the various manufactories requiring it, it appears to be about 29,000,000 gallons, or 4,650,000 cubic feet.

We next directed our attention to such facts respecting the quality and salubrity of the water with which the inhabitants of London are supplied, as were in our judgment best calculated to enable us to form a correct and unprejudiced opinion upon this important question. Being a question, however, in which the interests of a great number of individuals and public bodies are deeply involved, and which has been the subject of acrimonious controversy, and also respecting which a variety of representations had gone forth to the public, we perceived that it would necessarily embrace a multitude of considerations of a delicate and complicated nature. We felt it to be our duty, therefore, to begin by dismissing from our minds whatever previous impressions might have been received from the reports and statements which had been circulated, and to be guided in our judgment solely by the evidence we should be enabled to obtain in the execution of our commission.

In our remarks upon this evidence, we shall first confine ourselves to the water of the River Thames.

Assuming the supplies to be derived directly from the river, and to be subjected to no intermediate process tending to purification, it is sufficiently obvious that the state of the weather

materially affect the purity of the water, which is sometimes comparatively clean and clear, and at others loaded with various matters, in mechanical suspension, rendering it more or less coloured and turbid. In the latter state, when thrown into cisterns, and other receptacles of houses, it is manifestly unfit for immediate use; but after being allowed to rest, it forms a certain quantity of deposite, and thus may become sufficiently clear for ordinary purposes. This deposite, however, is the source of several evils: it renders the cisterns foul, and runs off into those pipes which issue from or near the bottom of the reservoirs. By the agitation which accompanies every fresh influx of water, this deposite is constantly stirred up, and becomes a renewed source of contamination to the whole mass; and although chiefly consisting of earthy substances in a state of minute division, it is apt also to contain such proportion of organic matters as will occasion a degree of putrefaction when collected in any quantity, and especially in warm weather. Of this deposite, more or less is almost always collected, especially where the service is direct from the river; and although some of the companies have reservoirs of such magnitude as to enable them to serve water already partially purified by deposition, the system is still very imperfect, and the water is frequently supplied in a turbid state. In other cases, the companies' reservoirs, however eminently useful in cases of fire, become objectionable in regard to the purity of the water, since the mud accumulates in them, and also proportionately in the mains and branch pipes.

By far the greater number of complaints which have been made to us with respect to the quality of the water have originated in the cause just alluded to; and hence some of the companies have attempted to get over the difficulty by suffering the water to remain at rest for a sufficient time to become clear before the public are supplied, and in this they have, in some instances, so far succeeded as materially to improve their service. When, however, from land floods or other causes, the river is very thick, they cannot allow due time for such subsidence; and even when most perfectly performed, the insects contained in the water, so far from being got rid of, become, perhaps, even more numerous. This is another just cause of complaint in regard to the water, especially in hot seasons.

To obtain an effectual supply of clear water, free from insects and all suspended matters, we have taken into consideration various plans for filtering the river water through beds of sand and other materials; and considering this, on many accounts, as a very important object, we are glad to find that it is perfectly possible to filter the whole supply, and this within such limits in point of expense as that no serious objection can be urged against the plan on that score, and with such rapidity as not to interfere with the regularity of service.

It must, however, be recollected, that insects and suspended impurities only are separated by filtration, and that, whatever substances may be employed in the construction of filtering beds, the purity of the water, as dependant upon matters held in a state of solution, cannot be improved by any practical modification of the process. If, therefore, it can be shown that water taken from the parts of the river whence the companies draw their supplies, either is, or is likely to be, contaminated by substances dissolved, or chemically combined, it will follow that the most perfect system of filtering can effect only a partial purification.

From the commencement of our inquiries we have bestowed considerable attention upon this subject, and have endeavoured to obtain accurate information respecting it. But on examining such analyses of the water as had already been made, and were communicated by the companies, as well as by several individuals of high authority on these matters, we found them to be so far at variance with each other as to prevent our drawing from them satisfactory conclusions. We, therefore, devised a more regular plan of procedure, which we conceived would be better suited to the particular objects of our present inquiry. After all the preparations for that purpose were completed, the occurrence of a heavy fall of snow, the effects of which on the water of the river would have introduced uncertainty in the results, induced us to defer for a time the execution of our plan. We waited till the river had returned to what may be regarded as its average state, and under these circumstances,

directed portions of water to be taken, under the personal inspection of our secretary, from different parts of the river at different times of the tide, and especially from those parts whence the companies draw their water; and also from situations higher up the river, where its quality can in no degree be influenced by the tide. With the view of comparing the state of the Thames water at London under different circumstances, we subsequently procured specimens from several parts of the river after an abundant fall of rain; and also others from places where it had been represented to us as particularly charged with impurities. A popular notion having prevailed that the water in the London Dock possessed peculiarly deleterious qualities, from an impregnation of copper derived from the bottoms of the ships, we likewise obtained, with a view to inquire into the truth of this opinion, portions of water from the dock, taken at three different depths from the surface.

[To be continued.]

DUTIES OF APPRENTICES.

To the Editor of the London Medical Gazette.

SIR,

HAVING only lately commenced the study of medicine, I would wish to know if it is considered to be a part of the duty of a medical apprentice, (who has paid a liberal premium, and consequently expects to be liberally treated) to go about amongst the poorer patients to collect bad debts?

I observed in a former Number of the Gazette, (13), that one of your correspondents had very kindly taken up the cause of medical apprentices.

Speaking of the manner in which professional apprenticeships are too frequently conducted, he says:—

"A dispassionate and thorough investigation cannot fail to be beneficial; and it is earnestly to be hoped that some who are competent will undertake it, and favour the profession with their views, through the medium of your Journal."

It is to be regretted that no one has (at least hitherto) attended to this suggestion, which if acted on would, in my humble opinion, be productive of much good; but I sincerely hope that the time is not far distant when the present degrading condition of the medical apprentice, compared with that of the junior members of other professions, will be in some measure ameliorated, if not altogether changed. Hoping that you will excuse the liberty I have taken in intruding this upon your notice, I have the honour to remain,

Sir,

Your obliged and obedient servant,

ADOLESCENS.

London, July 21st, 1828.

MEDICAL GAZETTE.

Saturday, August 2, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

MASTERS AND APPRENTICES.

THE present system of medical apprenticeship has frequently been represented as a mark of degradation, as well as a needless waste of time. In a former article (see Vol. I. page 59) we fully expressed our opinion on this subject; but as the system *does* exist, and is sanctioned by the authority of the law, it may not be altogether useless to devote some share of our attention to the relative duties of masters and apprentices in that department of the profession to which the term is now exclusively restricted—we mean the apothecary. There is a good deal in a name, and we cannot help lamenting that in any scientific pursuit a word connected with the lowest and most mechanical employments should be applied to any one connected with a liberal profession.

If, indeed, the apothecary of the present day were to confine himself merely to the compounding and retailing of simples, as was formerly the case in our own country, and is still practised in

many parts of the Continent of Europe, little objection could, perhaps, fairly be made to the appellation; but as the apothecary now is, *by law*, required to be an educated man; and as, by universal consent, and constant practice, he has for a long period been the person upon whom many rely entirely for advice in all diseases, and under every assault of bodily infirmity,—it is to be lamented that a name should be retained which assimilates the professional aspirant to the apprentice of the lowest trade. This may appear fastidious to some; but let it be remembered that our great bard, who knew human nature thoroughly, has, upon more than one occasion, expressed his opinion of the influence, and, consequently, the importance of a name.

Leaving this speculation, however, and turning to the realities of life, it appears that every youth destined to become what is called "a general practitioner," is obliged to undergo the ordeal of an apprenticeship: the period formerly of seven years is now reduced to five, and of this one, or sometimes two years, are spent, and profitably spent, away from his master's house, in acquiring medical knowledge. Most apprentices pay for this term of years a sum varying from one to three hundred pounds (we put out of the question all those who, from relationship, or motives of friendship, take an apprentice without a fee), and for this sum the master engages to provide the youth with board and lodging, and to *teach*, or *cause him to be taught*, those branches of the medical profession which he himself practises; the apprentice, on his part, covenanting to maintain a strictly moral conduct, and to perform all his master's lawful commands.

Such being the conditions on both sides, in what manner are they usually fulfilled? and on whose side is the engagement usually broken? We do not hesitate to say that it is the master who most commonly fails to complete his part of the covenant. Does he teach the youth, or cause him to be taught, in the majority of instances? No. He puts him behind his counter, he *teaches* him, perhaps, in a few weeks, to compound the common formulæ, and if he has an extensive practice, the youth will have little time to do more than mix up the medicines prescribed, fill the phials, roll them up nicely in their coloured papers, direct them neatly, and then, perhaps, assist in carrying them about. But is this all that he will be required to do? Oh, no! perhaps he may be employed to collect bad debts (like our correspondent Adolescens)—perhaps he may carry orders to his master's druggist, or he may be occasionally sent in the evening to some of the poorer patients, to enquire into their condition, without at all understanding the nature of the case, and still less the line of practice which ought to be pursued.

Let not this picture be considered as too highly coloured: it is a notorious truth that a great majority of apprentices quit their master's service with little other knowledge than that of compounding prescriptions; their acquaintance with latin imperfect and slovenly, their general acquirements neglected, and all the ornamental parts of their education forgotten. But they have, to use the common language, served their "time," and passed their period of five years, profitably to their masters at least, if not to themselves. Fortunately there are exceptions to this description; and those exceptions point out what ought to be the conduct of masters universally, who, feeling anxious to do their duty by their apprentices, also feel that their own reputation is, in some degree, involved in the future success or failure of their pupils. Such

a master will consider, before he takes an apprentice, not merely the amount of the premium, but also whether the youth has previously received such an education as will enable him to study the higher branches of his profession with advantage to himself, and ultimately to his patients. He will not only ascertain that the youth possesses some classical attainments, but he will also take care that during the daily drudgery of the preliminary part of his education, such knowledge shall not be extinguished; he will direct his general and professional reading; he will take care, as far as lies in his power, that his associates are such as will exalt and improve his mind; he will afford him all opportunities of cultivating those auxiliary branches of education that tend to constitute the learned practitioner and accomplished gentleman; and then, at the termination of the five years, he will not only have to congratulate himself upon having acquitted himself of a solemn moral obligation, but he will also have acquired a friend. Nor will his interests suffer by so doing; every ingenuous youth so treated, will amply reward the pains bestowed; for surely that nature must be indeed corrupt, upon which such generous solicitude and parental kindness fails to make a due impression, and to excite a reciprocal desire to serve with fidelity and zeal.

It will, perhaps, be urged that it is unjust to lay all the blame of failure and ignorance upon the master; and, in some cases, it may be so: but when it is recollected how easily youth may be trained to any purpose, by gentle management—how eagerly they seek for knowledge—how ardent they are in feeling—and how sensitively alive to every generous impression, it will be readily granted that, *in general*, the fault is not theirs. What effect, then, upon such temperaments, must be produced by an association with menial servants, by imposing upon them the duties of a shop-boy, or by sending them into the abodes of misery, to perform the office of a sheriff's officer? The answer is obvious. We are not sufficiently learned in the law to say whether such occupations are legal or not; but although they may possibly be understood to come within the *letter* of the indenture, they are undoubtedly opposed to its *spirit*—they are illiberal and unbecoming occupations for a youth who is educating for the profession of medicine; and they are, moreover, employments tending *solely* to the benefit of the master, without any equivalent advantage on the side of the apprentice; and, therefore, they must be wrong.

We could enlarge upon this topic almost *ad infinitum*. We could, if necessary, point out examples in support of every proposition we have advanced, but we shall at present rest contented with calling the serious attention of masters to the conditions to which they bind themselves when they take apprentices; and we moreover call upon them to reflect, that, upon their management in the first five and most precious years of such young man's career, will probably depend the success or failure of all the prospects of his future life.

NEW SERJEANT SURGEON.

Sir Astley Cooper has been appointed Serjeant Surgeon to the King, in the room of the late Sir Patrick Macgregor. We presume there can be but one opinion with regard to the propriety of this selection.

LIGATURE OF THE COMMON ILIAC.

Mr. Crampton has recently tied the common iliac artery, in a case of aneurism affecting the external iliac.

IMPORTANT CAUTION TO THE FELLOWS OF THE COLLEGE OF PHYSICIANS.

Dr. J. G. Smith, in a correspondence

with Dr. Harrison, in the capacity of "a sort of organ of the INDEPENDENT PHYSICIANS of this metropolis," makes some observations which it is of importance that the Fellows of the College of Physicians should be made fully acquainted with. As, however, the Journal (the Lancet) in which the letters are published is not admitted into the College Library, and is not in particularly good odour among the Fellows, we think it right to give insertion to the following paragraph, as few of them might otherwise be aware of the INDEPENDENT method of treating their *corporation*.

"These gentlemen are now reduced to the following alternative (venturing their cause again in the hands of a jury being altogether out of the question): they must either obtain the powers they certainly do not possess, from the legislature, or refuse to meet those who disown their authority. It may save some estimable individuals from pain, and some amiable families from sorrow, if I declare it to be within the scope of my private knowledge, that if this unpardonable insult be repeated, there is a great probability of some GENTLEMEN taking the law into their own hands."

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

A Series of Observations on Strictures of the Urethra, with an account of a new method of Treatment, successfully adopted in cases of the most obstinate and aggravated form of that disease; illustrated by cases and a plate. By RICHARD A. STAFFORD, Member of the Royal College of Surgeons, and lately House-Surgeon to St. Bartholomew's Hospital.

THIS little work is intended to introduce to the general acquaintance of the profession, a mode of treatment for the worst forms of permanent stricture of the urethra—those that are rebellious to all milder methods of cure. The first half of the book is occupied with a description of spasmodic and permanent strictures, their causes and method of treatment: we do not intend to give any extracts from this portion of our author's work, because, although it evinces a sufficient knowledge of the subject, there is nothing novel in the description of the affection or in the mode of treatment recommended. In the 4th chapter, however, Mr. Stafford begins to describe the plan of cure that may be called peculiarly his own, and after describing the difficulties that exist in the removal of the permanent stricture when met with in an aggravated form, he proceeds to discuss the merits of the application of caustic, the consequences of which he enumerates, such as false passages, hæmorrhage, inflammation, stranguary, &c.; he ends by reprobating that line of practice, however it may be modified, and then introduces to the reader his own proposal, namely, the division of the diseased part within the canal of the urethra. This description we give in his own words:—

"The instrument for operating on permeable strictures (which, for sake of distinction, I have called the double lancetted stilette,) consists of a round silver graduated sheath, open at both ends, of the size of No. 10 catheter, with rather a less curve, and of a stilette, which is also hollow, and open at both ends. This stilette is furnished, at one end of it, with two oblong lancets; and at the other with a handle, resembling a button. When the instrument is complete, the stilette fits into the sheath, so that by pushing the handle, the lancets will project from the extremity of the tube, and by drawing it back they will retire into it again. When used (the mode of doing which will be presently explained), the instrument is passed over a wire down to the stricture, and the lancets are thrust forward on each side of it, by which the contraction is made as large as the natural size of the urethra*. The armed stilette, intended to divide impermeable strictures, exactly resembles the one just described, excepting that, instead of the stilette being hollow it is solid, and in the place of two there is only one lancet.

* This handle has hitherto been formed like a button; but I have thought it would be of advantage to have it made like two rings, large enough to admit the finger and thumb, similar to the handle of a pair of scissors.

" Before using the instruments, the exact distance of the stricture from the extremity of the urethra should be ascertained. In the armed catheter, which is intended to divide strictures over the wire, which serves as a guide, the wire must be introduced through the stricture first. The mode of accomplishing this is, by passing the smallest possible-sized catheter, made to contain the wire, into the bladder. The wire, which is double the length of the catheter, and blunted at one end, so that it may not injure the bladder, is then pushed forward, and the catheter gradually withdrawn, by which the former is left in the canal of the urethra. The armed catheter is then passed over the wire, until its point rests against the stricture (which is known by means of the graduation), and being held securely in such position, the handle of the stilette is pressed gently and gradually. As soon as any impression is made, the lancets should be allowed to retire into their sheath, and the blunt point of the instrument urged forward. If it do not pass on, the lancets may be again used as before. After the stricture is divided, the armed catheter should be withdrawn, and its place supplied by one of elastic gum of the same size. This should remain for a day or two, to prevent the re-union of the divided parts, and to preclude the possibility of extravasation of urine; and, on its removal, a bougie should be passed twice in the week, or as often as may be judged necessary, for some time; and the same treatment adopted as for stricture in general." The armed stilette, intended to divide impermeable strictures, must be used precisely in the same manner as the other, of course excepting the wire, which cannot be introduced; and the same directions for the after treatment are necessary for both."

The operation sometimes produces slight inflammation, but that is readily overcome by adherence to an antiphlogistic regimen, and by the application of leeches to the perineum. Our author next proceeds to obviate the objection that this instrument may occasion a false passage, where the stricture is not at all permeable: he admits that this may be possible if the instrument is unskilfully managed, but it has been employed twelve times without the occurrence of this accident, which is the best reply that can be made to such an objection. The work concludes with a detail of cases, to which we must refer the reader. We think Mr. Stafford's plan ingenious, and he has put it before the public very fairly and impartially, without any of that over-wrought enthusiasm and extravagant fondness which authors so frequently evince for their own peculiar plans or opinions.

Mr. Watson's Compendium of Diseases of the Eye.

To the Editor of the London Medical Gazette.

SIR,

I FEEL much obliged by your notice of my Compendium of Diseases of the Eye, inserted in No. 29 of your Gazette. It is far from my wish to have said any thing upon the subject, but it contains a statement of material importance, which I think requires a little explanation.

In your notice it is asserted—"there are some omissions which ought not to have been made. We find no notice of gonorrhœal ophthalmia." This disease the reviewer might have found mentioned, with the other puriform ophthalmiæ, at page 34. Puriform ophthalmia is the same in its symptoms, in the parts which it affects, in its results, and requires the same treatment, whatever cause may have produced it. That form of it, therefore, which occasionally takes place from gonorrhœa, has not been described in my Compendium as a distinct disease. This remark also applies to the symptomatic ophthalmiæ of measles, small-pox, and erysipelas; as well as to the Egyptian and infantile purulent ophthalmiæ.

The same may be said of strumous ophthalmia, which, though not mentioned in the contents, is particularly described as an affection of the conjunctiva, at page 39.

It is further stated in your remarks, that the work contains "no description of syphilitic and arthritic iritis; and no notice of rheumatic ophthalmia." All these would certainly be very heavy charges, indeed, being very important omissions, if they had been so. The above remarks on gonorrhœal ophthalmia apply equally to these. Though symptomatic affections, they cannot be considered, in a practical point of view,

as in any respect different from idiopathic iritis. The phenomena attending them are the same, and they require the same local treatment, together with the general constitutional remedies which the disease may require of which they are symptomatic. Thus I have described these affections at page 90.

As the plates illustrating my work seem to have induced you to look into it, I trust the plate now sent (which may not have been in your copy) will induce you to peruse some parts of it again.

Though the Compendium, having been said in the Preface to be "intended chiefly for the use of students," appears to have almost prevented you from looking into it, yet I hope you did not find it so entirely destitute of novelty as you seem to have apprehended. Is there nothing in it concerning the pathology of the coats or humours of the eye made out, that was either doubtful, imperfectly understood, or that is entirely new? Previous to your perusing the work, your expectations do not seem to have been great; but you have omitted to say whether or not these were realized. It is very desirable that you had mentioned whether or not you considered the work adapted even to the purpose specified—"the use of students."

I must admit, and, indeed, deeply regret, that my work necessarily contains much that is not new. But although many things there mentioned may have been observed before, yet I flatter myself several important observations could be pointed out that have not been mentioned by others, at least so far as I know. Any one pretending to write a work entirely new on diseases of the eye, would be arrogantly asserting that no correct information had been hitherto attained by the many ages that have gone before him. In this very extensive, interesting, and common class of diseases, modern experience proves that a correct knowledge of many subjects was previously only partial; and that the field of inquiry has not been exhausted by our predecessors. Ascertained facts may always be generalized upon, and viewed in a clearer light with advantage—such a light as modern anatomy and physiology have cast upon surgery. Could any man at present, or within the last ten years, study any particular branch of surgery, and find no correct information upon that particular subject? Much less could any one write a complete account of any class containing 50 or 60 diseases, or even describe one single disease entirely new.

Pardon me for troubling you with the above explanation, which I thought it necessary to make, to obviate the injurious influence the wide circulation of your Gazette might have on the work in question.

I have the honour to be,
Sir,
Your most obedient servant,
ALEX. WATSON.

35, Dublin-Street, Edinburgh,
5th July, 1828.

P. S.—I perfectly agree in your remark on staphyloma of the sclerotic coat not taking place from inflammation of the choroid and iris only. This is not what I intended to imply. I meant that the inflammation of the choroid and iris was the primary and chief seat of the disease which so terminated; the sclerotica and other parts partaking of the inflammation from sympathy and contact. A. W.

In expressing our obligations to Mr. Watson for his communication, we have also to express our regret that our previous notice of his work should not have proved satisfactory, and still more, that his present attempt should not have convinced us of having been in error.

Mr. W. implies in his letter that he has not made those omissions of which we accuse him—referring to certain information, and in the information to be found at page 34 of his work, on gonorrhœal ophthalmia—and at page 90, on syphilitic and arthritic iritis, and rheumatic ophthalmia; in justice to him, our readers, and ourselves, we now supply the *whole* of it.

"The purulent or puriform ophthalmia takes place only from some specific cause; as when it occurs *symptomatic* of small-pox, measles, or erysipelas; or when *idiopathic*, from infection, as in purulent or Egyptian ophthalmia, gonorrhœa, and infantile purulent ophthalmia."—(Page 34.)

"Acute inflammation of the iris occurs *idiopathic*, both spontaneously and from injuries of the eye; and it occurs *symptomatic* from syphilis, gout, and rheumatism."—(Page 89, 90.)

Does the author conceive that an enu-

meration of causes is a description of disease? The absurdity, too, of considering such an affection as gonorrhœal ophthalmia—the most violent, most rapidly destructive, and most intractable inflammation to which the eye is liable—to be the same in all respects as the purulent ophthalmia of children (the easiest and most certainly curable), is too obvious to require more than being alluded to. The same may be said of the view which considers the distinction between syphilitic and arthritic iritis as practically of no importance. Indeed! Has Mr. W., for instance, found the latter as easily managed as the former; or has he found mercury of *certain* efficacy in it? If he has, it is what no one else has done. Because Bichat has given some beautiful views in general anatomy, we must not be so dazzled by these as to apply them wholesale to disease, and say, tell me the tissue inflamed—I will describe the phenomena, cause, termination, and treatment: they are all the same, from whatever cause.

We read Mr. Watson's book with care, and cited passages, in our notice of it, shewing that he had paid particular attention to some points in the pathology of the eye; but it is difficult for an impartial reviewer to give "unmingled satisfaction," and since Mr. W. will have our opinion of his Compendium "as adapted to the use of students," it is, that such compendious descriptions of disease are unfit for students—for it is absurd to attempt teaching men to generalize who have yet to learn particulars.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Injuries of the Head.

In No. 33, we related two cases of fracture of the cranium, and promised to continue our report upon injuries of the head. At a time when so much disputation exists on the treatment of concussion, the details of the following cases, as shewing the practice pursued at St. George's, may perhaps be of service:—

Case I.—John Brady, a labourer, was brought into the hospital at noon of the 2d of June, having fallen from a scaffold 18 feet high, and struck his head against a wall in his descent. He presented the symptoms of a moderate concussion: the surface was cold, the powers depressed, the pulse feeble. On examining the head, there were found to be several scalp wounds; one near the crown, exposing the parietal bone; another at the occiput, exposing the occipital bone, though merely for a small extent; and a third, but superficial cut, upon the brow.

Adhesive plaister to the wounds—cold lotion.

At two P.M. the surface was warm, the pulse had got up, and, in short, the re-action was commencing. He was bled to ten ounces, and a purgative of senna administered in the evening; but he passed an indifferent night, and complained of much pain in the head next morning. The bowels had been opened; the pulse was 80, and rather hard.

V. S. ad ℥xij.
Haust. Salin. c. Mag. Sulph. ʒj. Vin. Ant. Tart. ♏xv. 4tis horis.

4th.—The pulse continues full and hard, the tongue is white, the bowels open. There is little heat of surface, and no thirst.

Rep. Haust. V. S. ad ℥viij. Cat. lini capiti.

From this period he continued to improve; the hardness of the pulse and pain in the head (which last at no time was severe) subsided, and shortly disappeared; the scalp wounds healed kindly, and on the 30th of June he was discharged.

There is nothing particular in the case, and we give it as an instance of simple concussion. The patient, when admitted, was cold and depressed, and bleeding was accordingly omitted. In the course of two hours the pulse was getting up, the surface growing warm, and *then*, but not till then, venesection was employed.

We hope to be excused for alluding to a case which we reported, and which we find has given rise to a letter from a gentleman at Wotton-under-Edge. The case was that of a boy who was run over in the neighbourhood of South Audley-Street, taken to a surgeon's, immediately bled, and admitted into St. George's Hospital, absolutely in *articulo mortis*. From the nature of the case it was utterly impossible for the symptoms to have *indicated* bleeding, and, therefore, we argued that the measure was em-

ployed on account of the accident, and not on account of the symptoms; in short, that he was bled *because* he was run over! Mr. Hill, in his letter, makes use of some unnecessary sarcasm, and would seem to infer that we reprehended bleeding in every accident, at every stage. Mr. Hill has mistaken us—we confined our observations to the case "on the record," and we said, what we say still, that the bleeding in that instance was certainly uncalled for.

It is due to ourselves and Mr. Hill, to correct the erroneous impression he has received, and express our satisfaction at the case he has recorded. His patient was also run over; but Mr. Hill employed stimulants, both local and general, combined with the external application of heat—very different remedies certainly from bleeding.

CASE II.—*Severe Concussion, apparently accompanied with Extravasation—Recovery.*

John Antcliffe, æt. 37, was received into the hospital in the afternoon of the 2d of June, and placed under the care of Mr. Brodie.

He was perfectly insensible; the pulse was soft and slow, the breathing quiet; the surface very cool; the pupils immoveably dilated; the body relaxed, and retaining whatever position it was placed in. On hallooing loudly in his ear, he mumbled some indistinct reply; but on telling him to put out his tongue, or perform any action of that kind, he was plainly unable to understand what was said to him. Over the left ear was a scalp wound, exposing a portion of the parietal bone; the eye of that side was closed by ecchymosis, and bruises were discovered in several parts.

He had fallen from a hay-loft 20 feet in height, and appeared to be somewhat intoxicated.

3d.—No decided re-action has occurred, but at present, though heavy and drowsy, he is sensible when roused; the pupils are not so dilated; the pulse 85, rather labouring and hard.

Haust. Sennæ. V. S. ad ℥xij.
Haust. Salin. Magnes. Sulph. ʒj. Vin. Ant. Tart. ♏xv. M. 4tis horis

The bleeding was repeated in the evening, and again upon the 4th; soon after which, when we saw him, he presented the following symptoms:—The pulse was small, but still was rather sharp; the bowels purged; the wound was ill-conditioned, and the scalp was œdematous around. No stertor was present, and he lay like one asleep, except that he was restless, and was frequently tossing his arms to his head. On calling to him loudly, and inquiring if he suffered any pain, he appeared to comprehend what was said but imperfectly, repeating the question, and muttering an indistinct "No." He was slightly delirious, frequently rising from bed, and tumbling the bed-clothes.

He passed a very restless night, but was better, notwithstanding, on the 5th. He answered questions more readily, though still he continued light-headed; the pulse was not so sharp; the pupils more obedient to the light.

Cataplasma lini capiti.

6th.—To-day he is considerably worse, and we find that in the night he was exceedingly restless and delirious. He sits upon his bed in a stupid state, scarcely answering questions, and doing so in a desponding tone. He complains of much pain in the head, especially in the situation of the wound, which is sloughy, and exposes the bone; pupils dilated and sluggish; tongue thickly coated; pulse small and low.

Venæsectio ad ℥x.

He spent a quiet night, and was better again upon the 7th. The pulse was 100, and small; the tongue was moist; the bowels open. He still had some head-ache, and pain over the wound, but stated that he had always been subject to the former. The pupils in a day or two were natural, the head-ache subsided, the scalp-wound improved, and wishing to go home, he went out of the hospital on the 14th of June, though in opposition to the wish of Mr. Brodie, who observed at the time that he would probably be obliged to return.

The latter part of the Clinical lecture to which we referred in our last, was dedicated by Mr. B. to the consideration of this interesting case.

Mr. Brodie observed, that the patient was admitted with the symptoms of concussion, most probably complicated with a slight extravasation. The treatment in cases of this kind is simple. When the pulse begins to rise, bleed freely from the arm, till the force of the circulation is subdued. A large bleeding will check internal hæmorrhage, if a

vessel is ruptured in the head.. When the pulse and the pain in the head, &c. again seem to indicate depletion, the bleeding should be repeated, but not in such quantities as the first. The object is to *prevent* the establishment of inflammation, for if it has once become severe, the patient will frequently break down, and die beneath a large blood-letting. The surgeon then should never wait till the symptoms are fully established, but check them *in limine*, by frequent, but moderate bleedings.

There was a circumstance in the case which was inadvertently overlooked in our report, but which was touched on by Mr Brodie in his lecture. The scalp wound, on the 6th, had united in part, but matter was collecting, without a ready exit. Mr. Brodie broke up the adhesions, and gave issue to sanious pus, which appeared to have a favourable effect upon the symptoms.

Mr. Brodie concluded by expressing his opinion that the whole of the danger had not passed away. A boy, under similar circumstances, was removed by his friends at the end of a fortnight, but brought back in a week, in a dying condition.

On the 19th of June, five days from the time he went out, John Antcliffe returned, complaining of head-ache and giddiness. His countenance was sodden and heavy; pulse full and hard; tongue rather brown; bowels pretty open. He was bled on the 20th, and ordered house-medicine. On the 21st he was better, though continuing to complain of some giddiness; the countenance was lighter; the pulse was small and soft.

He was ordered a rigorous diet, the head-ache and giddiness entirely subsided, and on the 2d of July he was finally dismissed.

Case III.—*Extravasation on the basis of the Brain—Trephining—Puncture of the Dura Mater—Death.*

John Woolford, a middle-aged man, was taken up in the street in a state of intoxication, perfectly insensible to every thing around him, and admitted into the hospital in the evening of the 30th of June. Blood issued from the left ear, and a scalp wound was discovered immediately above it. The pulse is reported in the ward-book to have been strong.

V. S. ad ℥xvi.

July 1.—In the morning he could not be roused, and appeared to be unconscious of any thing said to him; but towards noon he had rallied so far as to answer some questions, and complain of a pain in the head. He was restless, especially when disturbed, and imagined he was drinking in a public-house; the pulse was 84, and laboured; the pupils were rigidly contracted.

V. S. ad ℥xij. Lot. Spt. Cap. raso. Haust. Sennæ.

He continued, throughout the day, in the same condition, passed a very restless night, and on the morning of the 2d presented the following symptoms:—

Pulse 60; pupils immoveably contracted; more insensibility, but puts out his tongue when desired. There is constant jactitation of the right arm and leg, and with difficulty he is kept in bed.

V. S. ad ℥x. H. Salin. ℥iss. Mag. Sulph. ℥j. Liq. Ant. Tart. ℥ss. 6tis horis.

His pulse rose after the bleeding to 120, but sank again in the evening to 84. Complete insensibility supervened, and he voided his motions in bed, whilst something like paralysis of the left arm and leg was observed to be present. The bleeding was repeated in the evening, and on the morning of the 3d, a remarkable change had taken place; the jactitation and delirium having given way to coma, or rather a state like the latter stage of apoplexy. There was a glassy film upon the eyes; the breathing was stertorous; the pulse indistinct and 120; the features were pallid, contracted, and cadaverous.

It was clear that if nothing were done the patient must inevitably die, and Mr. Brodie thought it probable, from the bleeding at the ear, and contusion above it, that there existed a fracture of the parietal bone, and probably a rupture of the arterior meningea media. He accordingly divided the scalp, and verified his diagnosis by discovering a fracture, crossing the temporal bone. Hey's saw and the trephine were applied, and three separate portions of bone taken out. A few drops of blood, and a few drops only, were found upon the dura mater, not enough, in Mr. Brodie's opinion, to account for the symptoms. The dura mater was a little protruded into the cavity made by the trephine, and had lost its pulsations in accordance with the brain. Mr. Brodie punctured

it; no blood escaped; the operation gave no relief whatever; and in two hours from its performance the patient was dead.

Sectio Cadaveris.—The fracture extended to the base of the skull, but was exclusively confined to the temporal bone, beginning in the squamous portion and ending in the petrous. The membrana tympani was ruptured. On removing the dura mater, which was entire, (save the puncture) and very little altered in appearance, a quantity of coagulum was seen to be effused between the arachnoid and pia mater, which extended very widely over the surface of the brain.

A considerable coagulum, as much as half an ounce, filled up the lower horn of the right lateral ventricle, nearly opposite the seat of the injury. The substance of the cerebrum around the coagulum was broken down, and mixed with blood. No rupture of any particular vessel was discovered, nor was there any evidence of a previous disease of the brain.

ST. BARTHOLOMEW'S HOSPITAL.

Removal of a portion of Varicose Vein—Death.

JOHN DODGING, æt. 35, was admitted into Baldwyn's ward on May 26, 1828, with an unhealthy and irritable ulcer below the internal malleolus of the right leg. The cicatrix was observable of a severe scald which he had received when a boy, extending from the ankle to the middle of the leg on the inner side; beneath which was a single varicose vein, communicating with the ulcer, and reaching rather higher than the cicatrix. The ulcer itself had existed for a considerable length of time, above six years, interfering materially with his comfort, and his business as a servant, and a recent blow on the part had much aggravated the pain and inconvenience. The vein had burst more than once, and considerable hæmorrhage from the ulcer had ensued. He appeared to be of a bilious and irritable constitution; his bowels were apt to be costive; his pulse on admission was rather quick, full, and variable. Leeches and a bread poultice were the means externally employed; attention was paid to his diet, and the state of his general health, and he was directed to remain in bed. About a fortnight after his admission, the inflammation round the sore having in some measure subsided, the leg was strapped with emplast. plumbi, and rolled; these applications, however, gave him much uneasiness, and at the end of a week were discontinued, with no signs of improvement in the state of the ulcer, which was evidently kept up by the existence of the varix. Emollients were again resorted to, but with no better success than before. A month from the time of his admission, (June 25) no amendment having as yet taken place, Mr. Earle determined upon the removal of a portion of the vein, the case appearing to him a favourable one for that purpose, as there was no decided disturbance of the health of the patient, and apparently no disposition in the other veins of the limb to become varicose. This was accordingly done: the patient, however, seemed to be unusually alarmed about himself, and experienced a greater degree of pain in the operation than so slight a wound might have been expected to produce. Immediately after the operation he complained of a peculiar sense of oppression and sinking at his chest. The vein was exposed about the middle of the leg, and a third of an inch removed, with very slight hæmorrhage. The edges of the wound were then brought together with adhesive plaister; a compress of lint was placed over it, and the whole of the leg rather tightly bandaged with a wet roller from the toes to the knee. Twenty drops of laudanum were given to quiet the patient, and alleviate the severe pain of which he complained. The limb was placed in an easy position, and cold lotions directed to be constantly applied; his bowels having been inactive during the day, he took three grains of calomel with ten of jalap that evening, which were repeated early the following morning without effect. He subsequently took a rhubarb draught, as saline aperients were found to disagree with his stomach, and produce immediate sickness, which, indeed, was a troublesome symptom during the whole period after the operation; the matter thrown off from the stomach being frequently greenish, and mixed with bile. Mr. Earle saw the patient about two o'clock, and directed hydr. submur. gr. v. c. antimon. tart. gr. ss. to be taken

immediately, and twenty leeches to be applied along the course of the absorbents on the thigh, which were red, painful to the touch, and considerably swollen. These means were attended with the desired effects; the bowels were relieved, and the pain up the leg and thigh, and at the groin, was diminished. The pulse in the evening of this day was 120 to the minute.

27th, 9 o'clock A.M.—The symptoms were decidedly more unfavourable, indicating high inflammation of the veins and absorbents, with general disturbance of the circulation. The dressings were removed; the wound appeared to be still open, and its edges inflamed, yet the ulcer was greatly improved.

Hirudines xxxvj. cruri.
V. S. ad ℥xx.
Mist. Salin. c. Vin. Antimon. Tart. quartâ quaquè hora.
Acid drink ad libitum.
Bread poultice over the whole limb.
His diet was changed from broth to arrow-root, which agreed better with his stomach.

The first ten ounces of blood, which were drawn separately, had much appearance of inflammation, and became cupped and buffy; the rest had the same appearance in a less degree. The pulse rose in frequency after the bleeding from 125 to 135, or 140, but was diminished in fulness. The patient had passed a restless night, and seemed much disturbed about his state, and in much pain.

28. — The ulcer still improving, though the whole foot and inner side of the limb were erysipelatous, and much swollen below the wound. Pain in the epigastrium, with great sickness, and difficulty of breathing and restlessness. Pulse from 130 to 150; tongue furred.

Hirud. xxx cruri.
Hydr. Submur. gr. iij. Opii gr. j. statim sumend. et repr. si opus sit.

29.—Unfavourable symptoms decreased; pulse 80. In the evening his nervous irritability increased.

Mist. Salin. ut antea c. Magnes. Sulph. ℥j. 6tis horis.
Rep. Hydr. Submur. c. Opio.
Soda water, 4 bottles daily.

30.—The left arm exhibited tension, and other symptoms of phlegmonous erysipelas.

Lotio Spirituosa constanter applic.

At night the difficulty of breathing and restlessness were so much increased that the house-surgeon was sent for, who ordered—

Pulv. Ipec. Comp. gr. x. statim.

July 1.—The symptoms improved; inflammation of the leg had in a measure subsided, the swelling and pain being diminished. Difficulty of breathing, and pain in the epigastrium still present; the arm still swelled and painful, as also the other leg, but less than on the previous day. The pulse improved, and the bowels open.

Pulv. Ipec. Comp. gr. v. ter die.
Omittantur cætera.

2.—Several of the leech-bites had ulcerated, and hæmorrhage to a considerable amount, nearly a pint it was supposed, had occurred from one of them. Pain and tension in the head, with dry and brown tongue, and depression of power both mental and bodily.

The head was shaved; and cloths, dipped in the evaporating lotion, applied, with hirud. x. to the temples, and a blister to the neck.

3.—The patient evidently sinking. The pulse fluttering, variable, and very frequent. The skin deeply jaundiced; the cornea of both eyes opaque; the vessels of the conjunctiva injected; the eyes constantly closed. The patient, however, though deprived of sight, and in a great measure of sense, was still able to recognize the voice and remember the names of those who spoke to him; and could by a strong effort open his eyes, and put out his tongue when desired to do so, the latter being very dry and nearly black.

Solut. Chlorin. ℥xx. Ex. Decoct. Hord. pro haustu.

On the afternoon of this day it was suggested that the use of mercury had been observed to be beneficial in cases attended with similar typhoid symptoms; and he was accordingly directed to take

Hydr. Submur. gr. ij. Opii. gr. ss. quartâ quâque horâ.
Haust. Effervesc. alternis vicibus.

Towards the evening some improvement in the symptoms, in the state of his tongue particularly, was observed. A few leeches were applied to his temples.

4.—The leeches were again applied

by Mr. Earle's direction, and the common injection ordered. The patient lingered till eight o'clock this evening, when he died. As early as the 27th of June the respiratory murmur seemed indistinct on the application of the ear to the chest, and the stethoscope was afterwards supposed to indicate effusion into the left cavity of the pleura. During the whole period subsequent to the operation, the ulcer went on improving, notwithstanding the inflamed state of the rest of the limb, and at his death was nearly skinned over.

Examination of the Body 12 hours after Death.—The vein which had been divided was a branch communicating with the posterior saphena. Inflammation had extended to the posterior saphena as high as the ham, where it terminated abruptly. In this course the vein was partly plugged with lymph, and in places contained pus. Several small muscular branches entering the gastrocnemius, contained fluid pus. The inflammation extended downwards about three quarters of an inch from the division of the vein. Deep seated abscesses had formed beneath the fascia of the left fore arm and leg, separating the muscular fibres to a considerable extent. The cutaneous inflammation and tension over these abscesses had entirely subsided two days before death. In the right fore-arm there was also considerable sero-purulent effusion between the muscles. No diseased appearances were found in the abdomen. In the chest a small abscess, evidently the product of recent acute inflammation, was found in the superior lobe of the right lung; no effusion had taken place on the left side. In the head there was considerable effusion into the cellular tissue of the pia mater, particularly towards the basis, and the serum in the veins was of a deep yellow colour. Lymph was effused around the trunks of the carotid arteries. The nerve of the third pair on the left side was evidently flattened, and softer than that on the right. The nerve of the fifth pair on the right side had undergone a similar change to a greater extent. It has been remarked that during life great opacity of both corneæ had taken place; the surface of which had become rough. On removing the right eye, destructive changes were found to have taken place within the globe; the crystalline was so soft as to yield to the slightest touch; the vitreous humor was of a reddish yellow colour, and red vessels could be distinctly seen traversing its membrane. The retina was of a deep red colour.

Quere. Were these changes connected with the alterations which had taken place in the structure of the third and fifth pair of nerves?

ST. THOMAS'S HOSPITAL.

Cases of Purpura, with Icterus.

Case I.—June 19th. Hannah Cordey, aged 22, was attacked seven days ago with violent pain of the head; has since been delirious; pulse now 104, full and soft; tongue yellowish-white, except at edges; great pain of head ("a splitting pain"); very drowsy; expression of suffering in countenance; difficulty of breathing; cannot draw a deep breath; cough; says she spits blood, and that her nose often bleeds; abdomen very tender on pressure; says that there has been blood in the stools; bowels open; has taken purging medicine; has not vomited; no appetite; whole surface yellowish; trunk and extremities covered with minute purple spots, like flea-bites, but wanting the central puncture; does not know when the spots appeared; is now menstruating; the discharge is always as now, very copious, and lasts seven days; not at all emaciated. Dr. Elliotson ordered

V. S ad ℥xij. Hyd. submur. gr. vj. bis die et postea—Olei Ricini, ℥ss. si opus sit. Frequent ablutions with warm water. Hair to be cut off. Slops.

20th.—Pulse 60, soft and full; tongue same as yesterday; less pain in head, but very wild expression of countenance, combined with appearance of extreme exhaustion; appears half delirious. It is doubtful whether she understands the questions put to her, although she answers them; says that she sometimes wanders. The nurse says that she has neither coughed nor expectorated since yesterday. Can draw a deep inspiration more easily. Tenderness of both hypochondria, but fixed pain only in the *left*. Can only lie on right side. Skin somewhat less yellow, but conjunctiva darker; eruption not altered. Has had one motion of a greenish colour; has vomited once a greenish fluid. The blood, 18 hours

after being drawn, exhibits no serum, except one or two drops lying on the coagulum, which is not quite so solid as usual, is somewhat transparent, and of a very bright scarlet colour.

Rep. Hyd. Submur.

21st.—Better; less appearance of exhaustion; more lively; less pain in hypochondrium; sclerotica less yellow.

Pergat.

22d.—Not quite so well; some pain of head; pupils somewhat dilated; breathing easy; no cough; pulse 70, and sharp; tongue has a thick yellowish fur, reddish at tip and edges; vomits every thing taken, except toast and water; has done so since she came in. Some soreness at epigastrium; pain in left shoulder; neither pain nor soreness of hypochondria; two motions since yesterday, healthy; urine not high coloured; conjunctiva not tinged; skin somewhat lighter; eruption paler.

To take only Hyd. Subm. gr. vj. instead of gr. xij. daily, with a dose of Cathartic mixture, if necessary.

23d.—Better in every respect; several natural motions.

Pergat.

24th.—Eruption dying away fast; no pain nor cough; sleeps well; tongue not quite clean, yellowish in the centre; eyes not tinged; skin natural; bowels open; no blood yet observed in stools; pulse 70, and full.

Pergat.

25th.—Eruption nearly gone; pulse still full, and rather strong; had a little head-ache this morning.

Three or four days after this, in consequence, as it appeared, of having eaten a quantity of animal food, which she had begged from another patient in the same ward, she was attacked with violent pain in the head, followed speedily by symptoms of acute phrenitis, and also of enteritis. When seen again, July 2d, she had pain in the head, universal convulsions and delirium, with tension and tenderness of the abdomen, and occasional vomiting. The pulse was small and weak.

V. S. ad ℥x.

This blood, on standing, unlike that first drawn, exhibited the usual separation between the serum and coagulum.

July 3d.—Pulse 100, small and weak; quite delirious; incessantly making attempts to vomit, without bringing much up; extreme tenderness of abdomen; tongue very foul; bowels much relaxed.

Dr. E. ordered the head to be shaved, a cold lotion to be applied to it, a blister to the back of the neck, ablution with warm water.

Hyd. c. Cretâ, gr. v. every four hours, and Acid. Pruss. ♏ij. two hours after each pill, to allay the vomiting *.

The patient had been seen early this morning by the apothecary, who had ordered a number of leeches and a blister to the abdomen.

4th.—Quite sensible; less pain of head and of abdomen; the vomiting ceased after the first dose of the prussic acid, but as about that time the blister began to take effect, it is difficult to determine to which of the two the effect is to be ascribed.

Pergat.

This evening the patient had a return of the delirium and convulsions, which continued six hours.

5th.—Better again. The bowels being constipated, she was ordered a dose of cathartic mixture every hour, until the bowels should be opened.

6th.—Several copious slimy motions. No pain.

From this time she gradually recovered.

There was no return of the purpura, or jaundice, in this last relapse.

Case II.—Mary Chambers, aged 24, ill five days.

July 10th.—In a state of great exhaustion; pulse 120, very weak; surface cold; skin and conjunctiva yellow; purple spots on trunk and upper extremities; tongue brown at its posterior part; epigastrium and right hypochondrium full and hard; painful on pressure; nausea; had at first great pain of head, and vomiting. Has now diarrhœa.

A warm bath. Blister to Epigastrium and Hypochondrium. Hyd. c. Cretâ, gr. x. 3tia quaque hora. Milk diet.

11th.—Skin more yellow; serum

* Dr. E. finds the prussic acid to allay vomiting more rapidly and certainly than any other medicine which he has tried. With this view, he often combines it with substances which, alone, will not stay on the stomach.

produced by blister of a deep yellow; hypochondrium and epigastrium still full and hard, but less tender; pulse 120, small and soft; tongue has a whitish fur behind; two or three slimy green motions in the night. The purple eruption is dying away, but it has been discovered that she has a syphilitic eruption on the extremities.

Pergat.

12th.—Better; pulse fuller and stronger; only three stools in the last 24 hours.

13th.—Pulse more oppressed, and slower; abdomen more swelled, but less tense; little pain; tongue cleaner; purple spots nearly gone.

14th.—Abdomen less swelled; great exhaustion; skin yellower.

15th.—No symptom of the original disease now remains, except the yellow colour of the skin, and a rather hard swelling of the left hypochondrium and epigastrium. She appears to be in a state of great debility, and this day the nurse discovered a very adequate reason for it. For several days a very fœtid smell had been perceived to arise from her, which she attributed to a discharge which she said she had. She was examined, and found to have sloughing sores on the pudenda. The most vigorous means were adopted; a solution of chlorate of lime and soda being applied to the sores, and stimulants being administered internally: but the sloughing continued, and she died, worn out with pain and exhaustion, July 20th. The body was not examined.

G.

LITERARY ANNOUNCEMENTS.

Next week will be published, a Letter to the Right Honorable Robert Peel, on the Impediments, Defects, and Abuses existing in the present System of Medical Education, with Suggestions for their Removal and Correction. By Henry Wm. Dewhurst, Surgeon and Lecturer on Anatomy.

In the Press, a Manual on Midwifery, containing plain and succinct Instructions for affording assistance in the different Classes of Labors; with an Account of the Diseases of Women and Children. Intended as a Pocket Companion for Young Practitioners. By Dr. Ryan.

BOOKS RECEIVED FOR REVIEW.

Dr. Burrows's Commentaries on the Causes, Forms, Symptoms, and Treatment of Insanity.

Dr. Ryan's Introductory Lecture on Midwifery.

Dr. Ryan's Essay on the Supply of Water to the Metropolis, on the Natural, Chemical, and Medical History of Water; being a Guide to all the known Mineral Waters.

NOTICES.

Communications have been received from "Mr. Hill"—"Mr. Gilbert Burnett"—Mr. Robarts"—and "Q in a Corner."

We have received the letter of "A Bartholomew Pupil," in reply to the answer of "A Pupil of St. Bartholomew's," inserted in the number of the Lancet for July 19; but as our correspondent, in his former communication, fully refuted the charges brought against Messrs. Vincent and Earle, we have thought it unnecessary to publish the letter now before us. The "Bartholomew Pupil" must bear in mind, that when the Lancet has once asserted an untruth, he never has the honesty to retract it; but, as in the present instance, reiterates his falsehood in the face of the clearest evidence. We think our correspondent is probably right in attributing the second letter in the Lancet to the Editor himself; and we are led to this opinion both by the circumstances which our correspondent points out, and by the extreme vulgarity of the style—*par exemple*, comparing Mr. Earle and the pupils at St. Bartholomew's to a "bitch and her litter of blind puppies."

On the same general principles which we have stated above, we must decline inserting the letter of "A Surgical Pupil of St. George's Hospital," in answer to some silly remarks published in the Lancet under the signature "Caius." It is obvious, as our correspondent observes, that the writer is not a pupil at St. George's; and we really think his effusions too contemptible to be more particularly noticed.

ERRATA.

In our last Number, page 236, second column, line 31, *for* "about the thumb, even the bony fibre," *read* "about the trunk, even the bony fabric."

In the Hospital Report, page 251, column first, *after* "Pulv. Ipecac. Co. gr." *insert* "x."

Page 252, column second, *for* "Rep. Pilulas," *read* "Pilulæ."

Page 253, column first, *for* "Cal. et Opii," *read* "Cal. c. Opio."

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ESSAYS ON SYPHILIS.

By John Bacot,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 280.]

This, and the following essay, will be principally devoted to an examination of the writings, and a detail of the opinions, of authors of the present day. Nevertheless, it will be my duty not only to detail fairly and impartially the result of their labours, but also, as the occasion presents itself, to make such comments upon their doctrines as they appear to require; and to point out, without reserve, the errors into which it appears to me that some of them have fallen.

I have already mentioned the general state of practice in syphilis at the time Mr. Hunter published his Treatise on that disease: particular points of doctrine were, indeed, the occasional subjects of discussion in different publications and lectures; but, practically, no one dreamed of curing the complaint without a course of mercury, still less was it imagined that the symptoms *could* be cured in any other way, although it now is quite certain that on the Continent of Europe, and more especially in Germany, the common plan of treatment had undergone a considerable change—that the corrosive sublimate had there become the favourite remedy; but even that medicine was prescribed in very inefficient doses, according to the dogmas of the day, as taught in this country. The Peninsular war, however, opened to the medical officers of the British army new views relative to syphilis, and they lost no time in communicating to the profession the information they had thus acquired. Of these, Mr. Ferguson was the first who published an account of what he had seen in Portugal: his paper is to be found in the fourth volume of the Medico-Chirurgical Transactions. From a perusal of this paper, it is evident that this gentleman considered the conclusions to which he arrived as totally inapplicable to this country, though true as far as they regarded the natives and the climate of Portugal. Mr. Ferguson's opportunities of observing the venereal disease in the Peninsula were very extensive, since he had held the situation of Inspector of Hospitals to the Portuguese army upwards of two years before he wrote his paper, which is dated in May, 1812. It contains some highly-interesting paragraphs, which it will be necessary to bear in mind, since they tend in no inconsiderable degree to explain what has hitherto appeared most obscure and difficult of solution in this intricate inquiry. The facts we learn from this paper are principally the following:—It was customary among the native practitioners in Portugal to cure all primary venereal affections with topical applications only; the native soldiers, as well as those in civil life, were accustomed to perform their duty, and follow their usual avocations, with sores on the penis, not merely such as were of a trivial nature, but such as made Mr. Ferguson shudder to look upon; the only difference in the treatment adopted by the military and civil practitioner in such cases being, that the latter generally combined the decoction of the woods with the local remedies, but in both instances the use of mercury was reserved for those in

whom the bones had become affected, when a very small quantity, usually of calomel, was prescribed, together with Dover's powder, warm baths, and other sudorifics. Dreadful examples of mutilation did, indeed, sometimes occur; but these bore no proportion to the number of those who had suffered from the primary symptoms of the disease; and the affections of the bones, when they did occur, were usually slight; thus proving, that in this climate at least, the complaint had become so much mitigated, as to run generally a mild course, until it at length exhausted itself spontaneously.

Very different, however, was the progress of the symptoms in the British army: among the soldiers its ravages were so frightful, that Mr. Ferguson says it is probable that more men had sustained from this cause the most dreadful of all mutilations, during the four years the army had been in Portugal, than the registers of all the hospitals in England could have produced in the last century; so that, not only were the primary sores more intractable to mercury than in England, but also secondary symptoms made their appearance in no small proportion, even whilst the constitution was actually under the influence of mercury.

Such are the principal facts which Mr. Ferguson has detailed. I now come to consider the reasonings he has founded upon those facts. After inferring that syphilis has lost much of its virulence in Portugal, or, in other words, has exhausted itself, he remarks that the same change has occurred in the same country with respect to the small pox, which is permitted to run its natural course unmolested; and so mild has it become, that not one case of fatal termination presented itself to Mr. Ferguson's observation: yet he adds, "I have no doubt that this mild disease, communicated to a tribe of Indians, or to a plantation of negroes, or any other class of people, who had never before known the small-pox, would desolate with all the fury of a pestilence wherever it could find victims, and never cease until it had destroyed the whole population." Applying this analogical reasoning to syphilis, he considers the inoculation of the virus of this mitigated form of lues venerea into the constitution of the British soldier, as having produced a disease of more than ordinary violence; and here we cannot fail to observe the effect of early impressions, for Mr. Ferguson remarks, contrary to the direct tenor of the cases he proceeds to detail, that this new organization of disease cannot be combated by such means as the natives employ, and concludes that mercury affords to the patient the only chance of salvation; yet, strange to say, the detail of a very interesting case teaches us that bleeding, cold lotions, free purging, and the strict antiphlogistic regimen, were the true and efficient means of safety, and not the exhibition of mercury in any shape whatever. The case that calls for this observation is that of an officer, whose penis, four days after a suspicious connexion, became enormously swollen, of a deep red colour, with malignant ugly-looking sores on different parts of the prepuce, and two on the glans penis, which are compared, in appearance, to holes made by a rusty nail in a piece of mahogany or logwood: the general health was also proportionably deranged. The effect of the depletory plan of treatment above-mentioned was magical; but although Mr. Ferguson had no doubt that the violence of the inflammation had superseded the specific contagion, yet, in compliance with old custom and the patient's fears, a mercurial course was afterwards pursued. Another curious circumstance relative to this case must not be forgotten: this officer had been infected by an opera-dancer at Lisbon, who continued for several months afterwards on the stage, occasionally infecting others, but without communicating a disease of any peculiar or extraordinary malignancy in any other instance. Mr. Ferguson makes one other observation, which I shall extract, since it is highly deserving of consideration:—"I think it is probable (he says) that, by the resistance we in England have opposed to syphilis and variola, we have retarded their natural decay among us; that we have made both more rare I believe, and that we may finally succeed in extinguishing them I devoutly hope; but whenever we are revisited by either the one or the other, I fear they will not come to us disarmed of their terrors." There are three points in the above narrative which I think ought to be borne in mind, because they are not only of considerable importance in themselves, but because I shall have occasion to revert

to them more particularly on a future occasion; they are these—1st, the cure of the officer's ulcers by bleeding, purging, &c.; 2dly, the fact of the same woman communicating a disease of a milder nature to other men; and, 3dly, the conjecture that probably a more severe form of syphilis may at some future time appear amongst us.

Pursuing the course of my history, I have next to mention a very important document, for which we are indebted to Mr. Rose, who, having himself served several years in Portugal, was well qualified to form an estimate of the comparative merits of the two plans of treating syphilis, both Portuguese and English; and who, soon after his return from the Peninsula, adopted the only rational plan—that of putting the question to the test of experiment, discarding all preconceived notions, and looking solely to the natural progress of the disease when left to itself. The results of these experiments, made in the hospital of the Coldstream Regiment of Guards, during a period of nearly two years, were given to the world in the year 1817. In this publication Mr. Rose announced, that during the above period, he had been enabled to cure *all ulcers* on the parts of generation that had presented themselves, as well as the constitutional symptoms to which they gave rise, without the exhibition of mercury. Mr. Rose does not assert that the sores in all these cases were syphilitic; but he tells us, that the battalion in which they occurred consisted of upwards of a thousand men, stationed in London, accustomed to associate with the lowest class of prostitutes, and, therefore, must have afforded (independently of the character of the sores) many undoubted instances of the disease. These, and some other prefatory remarks, are followed by the detail of nearly thirty cases of ulcerations of the genitals, which are divided into three classes: the first includes those not followed by secondary symptoms; the second, those followed by papular eruptions and other symptoms; and, thirdly, of those in which the eruptions differed from the papular form. The only general remark that I shall make respecting the first class is, that the sores were, with few exceptions, either attended with much inflammation or sloughing, thus rendering it probable that the rapidity of their progress had superseded the absorption of the poison; a fact to which Mr. Pearson has alluded, in speaking of the efficacy of the cinchona in certain spreading sores on the penis. With respect to the second and third classes, it would seem probable that the occurrence of secondary symptoms was the result of the great length of time that these ulcers had been permitted to run their course, before any plan of cure was sought for by the patients themselves; and this is conformable to the opinion maintained by many medical authorities, that the permanence of the cure, and the security of the constitution, depends much upon the speedy extinction of the virus by mercurial action, where there is nothing in the character of the sore to forbid its use. Mr. Rose's paper concludes with some ingenious reasonings, founded upon the result of this practice; but it does not enter into my views to notice this now: the only conclusion I have to draw from what he has related is, the undoubted fact of every form of primary ulcer on the genitals being curable without mercury; and also the possibility of conquering the constitutional affections that supervene in consequence, without administering a particle of that medicine. During a period of two years, it is to be likewise remembered, that only one or two affections of bones had occurred, in no instance leading to caries. The publication of Mr. Rose's paper made a great impression on the medical public; it excited the curiosity of the profession highly, and stimulated many, who, from their situations as army surgeons, had an opportunity of confirming these experiments by adopting a similar line of conduct, to repeat them. In the several regiments of Guards this plan had been the object of emulation for some time past: at the military hospitals at Chatham and Fort Pitt, as well as at York Hospital, Chelsea, it was likewise resorted to. And in the same volume which contains Mr. Rose's Essay, is to be found a communication on the same subject by Mr. Guthrie. With that gentleman's reasonings I have nothing at present to do; I quote him solely for the purpose of confirming what had been before advanced relative to the cure of *all ulcers* indiscriminately without mercury. His evidence, then, goes to prove that for eighteen months Mr. Dease, Dr. Arthur, Dr. Gordon,

and the writer himself, had been in the habit of treating all ulcers on the penis, whatever their appearance might be, with simple means only, and they all got well. Mr. Guthrie informs us also, that the same plan was pursued at Dover, Chatham, and Edinburgh, as well as by some regiments both abroad and at home. He had also seen the reports of 400 cases treated in the same manner, and with the same success; though it would seem that in many of these cases the cure was very tedious, and the cicatrices of the sores were frequently giving way. Of the secondary symptoms resulting from these sores the cure was likewise tedious, though they were generally of a mild nature; and only two instances of affections of the bones were met with. Mr. Guthrie next proceeds to contrast the result of his practice with mercury, whilst surgeon to the 29th regiment, between the years 1801 and 1809; and he remarks, that during this period, when his patients generally underwent a moderate course of mercury, he very seldom had a case of secondary syphilis; and he is not aware of his having either lost, or been obliged to discharge a man, in consequence of that disease.

In the half year ending the 24th June, 1817, fourteen hundred cases of the venereal disease were treated in the army of occupation in France with mercury, and only fourteen cases of secondary symptoms occurred; whilst of 521 cases so treated in England, ten instances of secondary symptoms appeared—so that the true average proportion of the two numbers united is 1 in 75; whereas in the mode of treatment denominated non-mercurial, the average number of those affected by secondary syphilis was at first stated to be 1 in 10, though, in truth, this proportion was soon discovered to be very much underrated, and there is reason to believe that 1 in 4 or 5 would have been nearer the truth.

Notwithstanding this, however, the non-mercurial plan of cure was extended by degrees to the military stations of England, Europe, and even America, under the sanction and direction of the present Inspector General of the medical department of the army, who has always been among the foremost in promoting every inquiry in which either the interests of humanity, or the advancement of professional knowledge, is concerned. The result has been a collection of reports connected with this subject, detailing the cases of nearly 2000 venereal patients, whose symptoms, both primary and secondary, had been treated upon the new system. From this mass of information certain conclusions were drawn, and which were afterwards transmitted to the surgeons of regiments, for their information and guidance. From this circular letter it appears, that between the months of December 1816 and 1817, 1940 cases of syphilis had been treated without mercury, of which number 96 had afterwards secondary symptoms of various sorts. Of these 96 patients, 12 were afterwards subjected to mercurial treatment, chiefly for reasons of expedience, rather than of necessity; and even in these cases it was found that alterative doses of mercury were sufficient to effect a cure with several of them. Of the whole number of primary sores, 65 were cured finally by mercury, in consequence either of the slow progress they had previously made, or from their evincing a disposition to spread; though at the same time we are informed, that the non-mercurial practice, both in the primary and secondary forms of the disease, *generally* occupied less time than when mercury was had recourse to. Such was the result of the number treated without mercury.

In the same period of time, 2827 men, with ulcerations of the penis, were treated with mercury; and of these, 51 only had secondary symptoms: but these last appear to have been extremely severe, and more intractable than when mercury had not been used for the primary sore; so that two men were obliged to be discharged the service, in consequence of the injury sustained by their constitutions. Among the general observations with which this document concludes, we must not omit to notice the discrepancies in the reports from several regiments: thus, in one, four cases of secondary symptoms supervened out of twenty-eight treated with mercury, whilst, in another, sixty-eight men were so treated, and not one example of secondary affection was observed during the space of fifteen months, to which space of time this report extends. It is also asserted, that no peculiar forms of secondary symptoms were fairly traced to any peculiar primary

sore; that, in cases treated without mercury, iritis has frequently been met with as a secondary affection—sometimes alone, at others in combination with eruptions of various kinds; and in these, mercury was generally resorted to with success; finally, the frequent reappearance of the primary sore, and repeated attacks of eruption, have most commonly been the reproach of the non-mercurial treatment. Another singular circumstance developed by these returns, is the infrequency of syphilis in the West Indies, compared with its ravages in Hindostan: so striking is this difference, that Dr. Good, who has compared these returns, asserts, that every two regiments in the East Indies furnished, at least, as many cases, both of genuine and doubtful syphilis, as are furnished by the whole army in the West Indies; for example, the whole number, in the year 1823, in that part of the world, amounted to 36 only, whilst one regiment in the East Indies afforded 177 cases in the same period.

I should be almost afraid of wearying the reader with these accumulated facts, but I feel it my duty to consider this subject as one entirely novel and unknown; and that, as professing to give an entire and complete body of doctrine relative to the disease, I should not feel myself justified in passing by any series of observations on public record, which tends to put this question in a clearer point of view: but it only remains now to give the result of Mr. Hennen's labours, and this part of my subject will be completed. The substance of what Mr. Hennen has detailed may be thus shortly stated:—The first trials of non-mercurial practice were witnessed by this gentleman at the Hospital at Hilsea, in 1816, under the superintendence of Dr. Knox, where, between the months of May and September, out of 58 cases of primary sore, 28 were healed without mercury. It was not, however, until October 1817, that, being principal medical officer in charge of the district of North Britain, Mr. Hennen had an opportunity of trying this plan upon an extensive scale, and he thus sums up his opinion.

"Every thing I have seen of this practice confirms me in the belief of the possibility of healing primary sores on the genitals, of whatsoever description they may be, without the employment of mercury; and I have met with nothing to make me question the propriety of the trial: of some hundred cases, none have hitherto resisted." But farther on, he adds—"Secondary symptoms occur more frequently, and appear at an earlier and more determinate period than when mercury has been used; but they have not proceeded from bad to worse; they do not exhibit the same violent and unrelenting symptoms which we have observed in many instances where mercury has been used; the eruptions have not run into ulceration; they have not formed into large scabs, or extensive blotches, nor have the bones of the nose, or other parts, been affected with caries." All these points are clearly established by several tables, very perspicuously and accurately drawn up.

From the above mass of evidence the following conclusions appear to be fairly deducible:—1st. That all sores of the genitals, without exception, are curable without mercury. 2dly. That secondary symptoms occur in the proportion of at least one in ten of those cases where no mercury is used; whilst on the contrary, the proportion of such cases is only as 1 to 75 where that remedy has been employed. 3dly. The possibility of curing nearly all the forms of the secondary syphilitic symptoms without the assistance of a particle of mercury. 4thly. The mildness of these symptoms, which, excepting in about half a dozen instances, were confined to eruptions in the skin, and ulcers in the throat. 5thly. That the period required for the cure of the primary sores by the non-mercurial plan was not in general greater than where mercury was employed; though it is admitted that the cicatrices of the sores remain frequently in a state of disease, were often ulcerating again, and that the secondary symptoms, though not violent, were very tedious; and when apparently cured, would not unfrequently recur again and again. I ought here to observe, that the practitioners in France had long been in the habit of curing all ulcerations on the genitals without mercury, though they did not pursue this plan in consequence of direct experiment, but from a conviction that, generally speaking, these sores healed more readily by the employment of simple means only, but they were in the habit of prescribing the corrosive sublimate internally, in very small doses, for the purpose of preventing the attack of

secondary symptoms; such for many years had been the practice of Cullerier, of Paris, whilst other of their surgeons relied entirely upon diet drinks, of which sarsaparilla formed the basis.

[To be continued.]

EXTIRPATION OF THE UTERUS.

To the Editor of the London Medical Gazette.

SIR,

As the following account of successful excision of the uterus may be interesting to the profession, perhaps you will favour me by inserting it in your Journal.

I am, Sir,
Your obedient servant,
JAMES BLUNDELL, M.D.

No. 1, Great George-Street, Westminster, August 2, 1828.

Some account of a case in which the Uterus, in a state of malignant Ulceration, was successfully removed,

By JAMES BLUNDELL, M D.

Lecturer on Physiology and Midwifery in the School of Guy's Hospital.

Mrs. A B. æt. 50, of grey eyes, tranquil disposition, broad in her make, and disposed to obesity, was seized with offensive discharge from the vagina, soon followed by eruptions of blood in large quantity, so that, according to her own report, frequent faintings were produced, and the blood occasionally sank through a bed about twice as thick as a sofa-cushion, collecting on the floor; and day after day, for months together, with little intermission, one or two pints of blood were discharged.

Although Mrs. A. B. in her general conversation, is by no means prone to hyperbole, it seems evident that she must have greatly over-rated the quantity of these daily floodings. Certain, however, it is, from her repeated and considerate declarations, that very large quantities of blood were lost during a period of many months; and though, with the exception of some small œdema of the legs, there were no signs of general dropsy, the paleness, coldness, and weakness, and the frequent attacks of faintness, or complete delirium, shewed pretty clearly that much vascular inanition had been produced. In other particulars, the patient's condition was not altogether discouraging; for the bowels were regular, and the appetite was occasionally good; and the appearance, though cachectic, and perfectly similar to that of other women perishing under malignant ulceration of the uterus, was not such as to indicate a constitution wholly unfit for surgical operation.

The woman having been under the care of three or four different practitioners before I saw her, I deemed it proper to examine immediately with great attention; when I found that the womb was moveable, and about as large as a goose's egg—that its mouth was broad, open, and of cartilaginous hardness—that it manifested the usual marks of malignant disorganization, in which also about one-fourth of the contiguous vagina was involved: and, further, that on the surface of the diseased mass was formed an ulcer, about as broad as a shilling. The adjacent structures appeared to be healthy enough—the bladder and rectum were sound, the inguinal glands were not enlarged, whence it was presumed that the lumbars were perhaps healthy; the ovaries could not be felt to exceed their ordinary bulk, and there evidently was no tangible enlargement of the liver, spleen, kidnies, or omentum, all of which were examined with the nicest care. The breathing was easy; the pulse, various in its frequency, ranged between 115 and 120 in the minute; and the patient, though certainly very much debilitated, had sufficient remains of strength to walk to my house (the distance of a furlong), though not without considerable difficulty. To be short—it seemed clear at this time, that the case was ulcerated carcinoma of the uterus, as it is called, and that extirpation was the only remaining remedy.

The bowels having been cleared, and the patient being resolved to submit to the operation, on the 19th of February, 1828, I determined to remove the diseased parts without further delay. For this purpose, having placed the woman in the obstetric position usual in this country (on the left side I mean), close upon the edge of the bed, with the loins posteriorly, the shoulders advanced, the knees and bosom mutually approxi-

mated, and the abdomen directed a little downwards towards the bed, I began the operation.

First Stage of the Operation.—I commenced by passing the index and second finger of the left hand to the line of union between the indurated and healthy portions of the vagina; the finger being converted into a cutting instrument (varying with the exigencies of the operation), by means of a moveable knife, which requires a word or two of description. The blade of this knife, not unlike that of a dissecting scalpel, was mounted upon a long slender shank, which, including its large handle, was about eleven inches in length; and with this stem the blade was united, so that its flat, or plane, formed with the stem an angle of 15 or 20 degrees. The first and second fingers of the left hand then being in the back of the vagina, contiguous to the diseased mass (as before observed), by taking the stem-knife in my right hand, I could at pleasure lay the flat of the blade upon the front of these fingers, and urge the point of the instrument a little beyond the tip. The apex of the fore-finger being in this manner converted into a cutting point, by little and little I gradually worked my way through the back of the vagina, toward the front of the rectum, so as to enter the recto-vaginal portion of the peritoneal cavity, frequently withdrawing the stem-scalpel, so as to place the point within the tip of the finger, and then making examination with great nicety, in order to ascertain whether the vagina was completely perforated, minute care being necessary in this part of the operation to avoid wounding the front of the intestine.

Second Stage of the Operation.—A small aperture having been formed in this manner, in the back of the vagina, through this opening the first joint of the fore-finger was passed, so as to enlarge it a little by dilatation and slight laceration (safer than incision). This done, and a cutting edge being communicated to the finger, by placing the plane of the blade in such a manner that its incisory edge lay slightly advanced beyond the side of the finger now lying in the aperture, after drawing the point of the instrument within the tip of the finger, which operated as a guard, I proceeded to make an incision through the vagina transversely, that is, in a direction from hip to hip; for this purpose carrying the finger with its cutting edge, from the opening in the vagina already made, to the root of the broad ligament on the left side, so as to make one large aperture. I then took a second stem-scalpel, formed on the same model as the preceding, with this difference, that the incisory edge lay on the other side of the blade; and laying this instrument on the fore-finger as before—in such a manner, however, that the cutting edge lay forth on the other side of the finger (to the right of the pelvis, I mean),—I carried the finger thus armed from the middle of the vagina, where the former incision commenced, to the root of the broad ligament on the right side; so that, at the end of this, which was the second step of the operation, the diseased and healthy portions of the vagina behind became completely detached from each other, by a transverse incision, which stretched across the vagina, between the roots of the broad ligaments immediately below the diseased parts. At this time the intestines could be felt hanging about the tips of the fingers; but the blade of the scalpel lying on the finger, in which it was as it were imbedded, the risk of a wound, whether by point or edge, was completely prevented.

Third Stage of the Operation.—The back of the vagina, then, having been divided in this manner, I urged the whole of the left hand, not of large size, into the vaginal cavity—and the more easily because the woman had borne children; afterwards passing the first and second fingers through the transverse opening along the back of the uterus—this viscus lying, as usual, near the brim of the pelvis, with its mouth backward, its fundus forward, and a little elevated just above the symphysis pubis. This manœuvre premised, under full protection of these fingers, now lying between the womb and the intestine, taking a double hook, mounted on a stem eleven inches long, I passed it into the abdominal cavity, through the transverse aperture, along the surface of the fingers already mentioned; and laying it in front of them, near their tips, I converted these fingers into a sort of sentient tenaculum, which, with little pain to the patient, I pushed into the back of the womb, near the fundus, and then drawing the womb downward

and backward, towards the point of the os cocygis, as I carried the fingers upward and forward, I succeeded ultimately in placing the tips over the fundus in the manner of a blunt hook; after which, by a movement of retroversion, the womb was very speedily brought downwards and backwards, into the palm of the left hand, then lodging in the vagina, where, at this part of the operation, the diseased mass might be seen distinctly enough, lying just within the genital fissure.

Fourth Stage of the Operation.—The process of removal being brought to this point, the diseased structure still in the palm of my hand, remained in connexion with the sides of the pelvis, by means of the fallopian tubes and broad ligaments, and with the bladder by means of the peritoneum, the front of the vagina, and interposed cellular web,—parts which were easily divided, so as to liberate the mass to be removed. The broad ligaments were cut through, close upon the sides of the uterus, and in dividing the vagina great care was taken to keep clear of the neck of the bladder and the ureters. This division of these attachments, and the removal of the diseased mass, constituted the fourth step of the operation. Some bits of indurated vagina, altogether not larger than the common bean, were left in the pelvis, to be removed at some future period, should symptoms require. This fact is worth recording.

To this circumstantial account of the operation may be added a few remarks. The intestines did not protrude. About an ounce of blood was lost when the back of the vagina was divided, three or four more ounces following when the vagina was cut in front. Ligatures, tenacula, and forceps, were in readiness to secure the vessels, but these were not required.

The intestines were felt at one time only, namely, when two fingers were lying out through the opening in the vagina behind. Of course some pain was felt when the first incisions were making, and when, as in ordinary obstetric operations, the hand was urged into the vagina; but the principal distress was occasioned by drawing down the uterus, when the retroversion was accomplished, and the ligaments were put upon the stretch.

The pains and complaints scarcely exceeded those observed in instrumental deliveries. The patient lay in the ordinary obstetric position, and required no restraint. The insertion of the hook into the back of the uterus did not occasion much suffering. The operation, from first to last, occupied about an hour, but much of this time was spent in reposing and considering what might best be done. With better instruments, and greater activity, the whole operation might most probably be completed in five minutes. In obstetrics, however, celerity is considered to be in itself a secondary merit, and the operation was conducted on obstetric principles. The general range of the pulse was between 120 and 130, a frequency common in delivery by instruments.

When the last gush of blood was observed, the pulse became imperceptible in the wrist, returning however in the course of ten or fifteen minutes. A few ounces of spirits were administered to the patient as the operation proceeded. Throughout the process the forefinger of the left hand was the principal instrument, and the scalpels and hooks were employed merely as the means of arming the finger for its various operations. The professional friends who favoured me with their presence were, Dr. Elliotson, Mr. Callaway, Mr. B. Cooper, Mr. Key, and Mr. Morgan. An accident deprived me of the presence and assistance of my friend Dr. Roots. The operation was not undertaken at a venture, but in conformity with certain principles laid down in two papers read before the Medico-Chirurgical Society; the first of them in the year 1819, and the last in the year 1823. The latter, which was not published, contains the proposals for other abdominal operations. The fundamental principles of these operations, as there stated, are rested upon numerous observations made upon the human body, and a sufficient number of experiments upon brutes. Should the case here narrated come before the eyes of the public, I hope it may tend to diminish any unreasonable prejudices against experiments and experimentors. The feeling is respectable, but by the designing it may be misdirected. In Lisfranc's operation I conceive there must be some misapprehension. I think I run no risk in saying, that by his method of procedure, as understood here, what

the English accoucheur means by cancer of the uterus, must frequently be irremoveable.

It is now five months since the parts were extirpated, and the patient is fat and well, and designs to return to her husband. The interception of the access to the ovaries is a complete security against extra-uterine impregnation. The head of the vagina is closed by the bladder, which lies upon it. The recovery was easy enough, but as the details may, perhaps, be deemed desirable, they shall be communicated at an early opportunity. The patient had been ill for eight or nine months before the operation was performed.

No. 1, Great George Street, Westminster, August 2d, 1828.

PATHOLOGICAL AND SURGICAL

OBSERVATIONS

RELATING TO

INJURIES OF THE BRAIN.

By B. C. Brodie, F.R.S.

Surgeon to St. George's Hospital.

(Continued from page 235.)

Treatment of Concussion of the Brain.

Although the treatment which is required in the first period which elapses after an injury of the head is neither various nor complicated, yet, in order that it should be conducted with advantage, it is necessary that many circumstances should be taken into consideration. We are called upon not only to do that which is to contribute to the relief of the present symptoms, but to guard against future ill consequences; and where no symptoms actually exist, we are to look to those which may occur hereafter, and which proper measures of precaution may enable us to prevent or mitigate.

It is commonly remarked that two opposite methods of treatment have been recommended in cases of concussion of the brain; the one consisting of the exhibition of stimulants and cordials —the other comprising blood-letting, and what are usually termed antiphlogistic remedies. Here, however, as on many other occasions, the opposition of opinion is probably greater in appearance than in reality; and I am inclined to believe that if the advocates of the respective systems were questioned on the subject, it would be found that the views which they entertain are not essentially dissimilar. I suppose that none of those who have suggested the exhibition of stimulants would actually be inclined to apply this practice to cases in which the pulse has regained its strength and regularity; and, on the other hand, I conclude that no one among those who have advised the use of the lancet, would think of taking away blood when the patient lies with pale cheeks, and cold extremities, and a feeble and intermitting pulse, or would refuse to resort to the cautious exhibition of cordials and stimulants where these symptoms are so urgent that he is manifestly in danger of sinking, in consequence of the depressed state of the circulation which has followed the first shock of the injury.

Cases of this last description are however in reality of rare occurrence: and there are indeed sufficient reasons why we should regard that condition of the system which approaches to syncope, as being, in the great majority of instances in which it exists, conducive to the patient's welfare, and why we should wish to prolong, rather than to abridge, the period of its duration. The same blow which gives rise to symptoms of concussion frequently occasions the rupture of some small vessels within the cranium. The same state of the system which produces an enfeebled action of the heart is calculated to prevent the ruptured vessels from pouring out their contents; and the longer it continues, the less is the danger of internal hæmorrhage. If we artificially excite the action of the heart by the exhibition of wine and ammonia, we are in danger of inducing symptoms of pressure on the brain. If, on the contrary, we watch the gradual restoration of the pulse, and at the proper moment take from the arm a sufficient quantity of blood to prevent the heart resuming its wonted action, it is probable that we may often succeed in checking or arresting an extravasation of blood on the surface of the brain, or among its membranes, which might otherwise prove fatal. There is also the following very important circumstance, which is not to be overlooked in this part of the inquiry. A state of depression is followed by a state of excitement. As the patient re-

covers from the former, the pulse, with respect to fulness and strength, becomes raised above the natural standard, and it is evident that this affords an additional argument in favour of the practice which is here recommended.

The same views respecting the prevention of internal hæmorrhage, which incline us to take blood from the arm in the first instance, cannot fail to influence our conduct afterwards. There is no evident reason why vessels, which have once bled, should not be liable to bleed again within the cranium, as well as in other situations. I have already mentioned a case in which a patient, who was apparently going on favourably, suddenly expired in consequence of such secondary hæmorrhage, on the fourth day after the occurrence of the injury. If similar cases are rare, this may reasonably be attributed to the remedies which modern surgeons, with few exceptions, do not fail to employ. At any rate, where so much is at stake, we are called upon to neglect no measures of precaution; and however small the danger from this cause may really be, the surgeon should provide against it, by frequently inquiring into the state of his patient: by urging the necessity of continued repose of body and mind, by limiting him to a scanty vegetable diet, by the exhibition of laxative medicine, and by the abstraction of blood, whenever the state of the pulse indicates that this may be done with propriety.

Independently of the foregoing there are other considerations which might of themselves lead us to adopt the same method of treatment. I believe that the patient in cases of concussion will generally spontaneously recover from that state of insensibility in which he remains after the vigour of the circulation is restored. But, nevertheless, from the best observations which I have made on the subject, I cannot doubt that his recovery is much assisted by repose and low diet, and depleting remedies. Often, immediately after being bled, the patient, who before was in a state of stupor, exhibits manifest signs of returning sense. Further, it may be urged that concussion is liable to be followed by inflammation of the brain, or its membranes. Now I do not mean to say that such inflammation can always be prevented, or that the abstraction of very large quantities of blood will make the patient a better subject for it, if it should occur; but it seems reasonable to suppose, and our experience of these cases, and of other cases bearing an analogy to them, confirms the opinion, that there is less danger of inflammation where the antiphlogistic treatment has been carried to a moderate extent, and where the patient has been kept in a state of perfect quiet, than where bleeding and laxative medicines have been neglected, and the patient has been allowed to exercise his body and mind, and to live on his usual diet.

The quantity of blood which the vessels of the brain contain depends very much on the position of the head with respect to the rest of the body. Not only in cases of concussion, but in all other cases where there has been an injury of the brain, or one likely to affect the brain, the head and shoulders should be raised by additional pillows, so that the blood may have an easy descent to the right side of the heart. In addition to this, in severe cases of concussion, the head should be shaved, and compresses should be applied constantly, moistened with a cold evaporating lotion. Opiates should be avoided. It is difficult to conceive what good purpose they can ever have been expected to answer; and, at any rate, they tend to constipate the bowels, and not unfrequently cause a confusion of symptoms, the patient complaining of head-ach, of which it is difficult to say whether it belongs to the injury itself or to the opium.

In taking a view of the various satisfactory reasons which may be urged in favour of a particular plan of treatment in cases of concussion of the brain, we must not overlook the circumstance that this treatment may be carried too far: and we must endeavour to avoid the error which I have known some surgeons fall into, of resorting to a too free use of the lancet. At first when the reaction of the heart has taken place, it may be right that the patient should lose a considerable quantity of blood, so as completely to subdue the force of the circulation. Afterwards, for the most part, it is only an occasional blood-letting that is required, and that to a moderate extent. It has appeared to me that this mode of proceeding has usually done more, both towards relieving the present symptoms,

and preventing subsequent inflammation, than a more active system of depletion: and where very large quantities of blood have been already taken away, if inflammation should shew itself, our resources are comparatively limited, and we are not able to meet it with that energy and vigour which the circumstances of the case require.

Where bleeding has been carried to a great extent, symptoms frequently occur which in reality arise from the loss of blood; but which a superficial observer will be led to attribute to the injury itself, and concerning which indeed it is sometimes difficult, even for the most experienced surgeon, to pronounce in the first instance to which of these two causes they are to be referred. Repeated copious blood-letting is of itself adequate to produce a hardness of the pulse, which we shall in vain endeavour to subdue by persevering in the same system of treatment. In many individuals it will produce head-ach and confusion of mind, not very different from what the injury itself had previously occasioned. These things may be observed especially in young females who are disposed to hysteria; and whom I have often known to suffer from a continued aggravation of such symptoms as I have described, while the system of depletion has been continued, recovering immediately on the use of the lancet being laid aside, and on their being allowed to take solid nourishment, with occasional doses of the carbonate of ammonia*.

Treatment to be employed in cases of Compression of the Brain not complicated with Wounds of the Brain or its membranes.

When we consider the variety of circumstances under which compression of the brain may follow an injury of the head, and the different effects which it produces in different instances, we cannot suppose that the same mode of treatment will be found applicable to all cases, or that any such simple rules can be laid down for the conduct of the surgeon as those which we have to guide us in cases of concussion.

There is one most important complication which aggravates very much the ultimate danger, not only of these, but of all other cases of injury of the head; namely, the existence of a wound or laceration of the dura mater. This circumstance also tends to modify, if not to alter, the surgical treatment which is to be adopted. At present I suppose that such a complication does not exist; that the brain suffers from pressure, but that the dura mater is entire, and that there is no exposure of the important parts which are contained within it.

Where the symptoms of compression are such that the patient's life is manifestly in danger, there can be no question as to the propriety of removing the cause on which they depend, where that can be accomplished by means of a surgical operation.

In cases in which there is a fracture and depression of bone, it is generally in our power to remove or elevate the depression. If there be a wound of the scalp we may at once resort to the application of the trephine, or in some cases, where the cranium is not only fractured but splintered, we may do what is required by means of the forceps and elevator, without the aid of the saw. Where, however, the scalp remains entire, it will of course in the first instance be necessary to divide it, so that the bone may be completely exposed, and that the surgeon may be enabled to trace the extent of the mischief which has been inflicted on it.

An operation is also to be resorted to in those cases in which there are symptoms of pressure depending on hæmorrhage between the dura mater and the bone. But here another question arises: what is the evidence which is to enable us to detect a mass of extravasated blood in this situation, and how are we to determine what is the exact part of the cranium which should be perforated by the trephine? I must here refer to an observation which has been already made. Blood is seldom poured out in any considerable quantity between the dura mater and the bone, except in consequence of a laceration of the middle meningeal artery, or one of its principal branches, and it is very rare for this accident to occur except as a consequence of fracture. If therefore we find the patient lying in a state of stupor, and on examining the

* Dr. Marshall Hall has published, in the thirteenth volume of the Medico-Chirurgical Transactions, some excellent practical observations on the effects of copious blood-letting, many of which are applicable to the cases mentioned above.

head we discover a fracture with or without depression, extending in the direction of the middle meningeal artery, although the existence of an extravasation on the surface of the dura mater is not thereby reduced to an absolute certainty, it is rendered highly probable, and the surgeon under these circumstances would neglect his duty if he omitted to apply the trephine. If it happens that no extravasation is discovered, the operation does not leave the patient in a worse condition than he was in before: but if there be an extravasation, although it does not place him in a state of absolute security, it relieves the present symptoms, and gives him a chance of recovery which he would not have had otherwise.

Where no fracture is discoverable, yet if there is other evidence of the injury having fallen on that part of the cranium in which the middle meningeal artery is situated, the use of the trephine may be resorted to on speculation, rather than that the patient should be left to die without an attempt being made for his preservation. I cannot indeed adduce any particular experience of my own in favour of what is here recommended; but I conceive that the instances which have been recorded, in which the middle meningeal artery has been ruptured without any fracture of the bone, and the known fact that there is sometimes a fracture of the inner table of the skull, while there is none of the outer table, sufficiently justify such an experiment in desperate cases, or even in those in which there is much danger. Our judgment may be assisted on those occasions by attending to the rule laid down by Mr. Abernethy: "If there be so much blood on the dura mater as materially to derange the functions of the brain, the bone to a certain extent will no longer receive blood from within; and by the operation performed for its exposure, the pericranium must have been separated from its outside. I believe that a bone so circumstanced will not be found to bleed, and I am certain that it cannot bleed with the same freedom and celerity as it does when the dura mater remains connected with it*."

In applying the trephine on account of a fracture with depression, the removal of a small portion of bone is generally sufficient; and there is indeed no sufficient reason for removing any considerable portion of the cranium. But in resorting to the application of the trephine, on account of an extravasation of blood on the surface of the dura mater, our practice should be different. The bone should be removed extensively, so as to expose at any rate a large portion of the surface of the dura mater, in which the extravasation has taken place. The necessity of attending to this rule was impressed on my mind by a case which came under my care in the hospital, in the year 1814. A man was admitted with a fracture of the parietal bone, and a large extravasation of blood, between the cranium and the dura mater. I removed two triangular pieces of bone with a straight saw, and a large quantity of blood, partly fluid, partly coagulated, escaped through the opening that was made. The symptoms under which the patient laboured, were immediately relieved, and for several days he appeared to be going on favourably. But suppuration ultimately took place on the surface of the dura mater, wherever the extravasation had separated it from the bone. The opening made by the saw being in great measure occupied by granulations from the dura mater, afforded no opportunity for the free escape of the pus which was formed in the neighbourhood, in consequence of which the abscess burrowed between the dura mater and the bone, separating them from each other, much farther than they had been separated originally. As soon as I had discovered what was taking place, I removed another portion of bone with the trephine; but the mischief had now become so extensive that the operation gave scarcely temporary relief, and the patient died. Reflecting on the case afterwards, I could not but acknowledge that if I had removed a larger portion of the bone in the first instance, so as to expose the extravasated blood more completely, the pus which was afterwards secreted could have been freely discharged, and the life of the patient would in all probability have been preserved.

But the most common cause of pressure on the brain is an extravasation of blood within the cavity of the dura mater. Here, if there be any large collec-

* Abernethy on Injuries of the Head. Edit. 1797. pp. 33, 34.

tion of blood in one mass, it is generally in the basis of the cranium; sometimes in the substance of the brain, at other times in the cells between the tunica arachnoides and pia mater. In either of these cases it is beyond the reach of an operation. There may indeed be a large extravasation of blood on the superior surface of the cerebrum immediately beneath the dura mater: but if such an extravasation does exist, in what manner are we to become informed of its existence? We may regard it as a general rule, that an operation is not applicable to cases of compression of the brain from internal extravasation. But there are few general rules in surgery, to which some exceptions may not be made. Let us suppose a case in which a considerable portion of bone has been already removed; in which the dura mater is seen exposed, of a blue colour, lifted up by a collection of blood beneath it, and bulging as it were into the aperture, which has been made in the cranium. Are we justified in puncturing the dura mater for the purpose of allowing the extravasation to escape? Every thing that we see of wounds of the dura mater tends to prove the very great danger of this kind of injury. The dura mater should never be wantonly punctured; but we cannot doubt that, in what may be regarded as desperate cases, it must be right to give the patient the chance, small as it may be, which the division of the dura mater affords him. The combination of circumstances which would lead to such an operation, must be very rare, but it may occur nevertheless, and the surgeon should be prepared to meet it. The late Mr. Chevalier was called to a child a year and a half old, who had received a severe blow on the head. The child lay in a state of insensibility, and was affected with convulsions. There was no wound of the scalp, but on an attentive examination of the head the fontanel appeared to be somewhat elevated. Mr. Chevalier was led therefore to make a crucial incision of the scalp, by dissecting up the corners of which he exposed the fontanel. He then made an angular incision of the right side of the fontanel, and raised the membrane forming it so as to expose the surface of the dura mater, beneath which the purple colour of extravasated blood was plainly to be seen. A puncture being made carefully with a lancet, the blood issued at first with considerable force, spouting to the distance of a foot. Three or four ounces of blood escaped; the symptoms were immediately relieved, and the child recovered without any further unfavourable symptoms*.

The following case, which is still more remarkable, was communicated to me by Mr. Ogle, of Great Russell-street, in whose practice it occurred some years ago:—

A woman, who kept a cellar in Monmouth-Street for the sale of second-hand linen, &c. fell from the street, head-foremost, to the bottom of the cellar. When taken up she was in a state of total insensibility. Mr. Ogle being immediately sent for, found her lying as if in a fit of apoplexy. He ordered her head to be shaved, and, on examining it afterwards, discovered no wound of the scalp, but observed that she flinched very much when pressure was made on one spot near the anterior and superior angle of one of the parietal bones. Having made an incision of the scalp at this part, he could perceive no appearance of fracture. Nevertheless, as the woman was manifestly in imminent danger, he thought it expedient to remove a portion of the bone with the trephine. Immediately on the bone being removed, the dura mater of a dark colour rose into the opening, nearly as high as the external surface of the cranium. Convinced, from its appearance and from the feeling of tension communicated to the fingers, that a fluid was interposed between it and the brain, and that that fluid was blood, Mr. Ogle ventured to puncture the dura mater with the point of a lancet. The puncture was instantly followed by a stream or jet of blood, which spirted out to the height of some feet. Immediately on the blood being discharged, the woman, who till that moment had continued totally insensible, opened her eyes. After looking about her, apparently amazed, she exclaimed, "What is the matter? what are you doing with me?" and was able to give a clear account of the manner in which the accident had occurred. From this time she recovered, without any untoward symptoms. It was impossible to ascertain

* Medical and Physical Journal, Vol. VIII. p. 505.

the precise quantity of blood which escaped through the opening of the dura mater, but Mr. Ogle supposes it to have been about three quarters of an ounce. But cases such as these are to be regarded as out of the common course of events. The ordinary cases of extravasation within the dura mater from injury, are to be treated as we treat cases of apoplexy, or of paralytic seizure, in consequence of a blood-vessel within the head being ruptured from disease; on the same principle as that on which we treat other cases of internal hæmorrhage. Take blood from the arm so as to reduce the force of the heart's action: repeat this, or take blood by cupping, as soon as the pulse has recovered from the effect of the former blood-letting: administer active saline purgatives; let the head be shaved and bathed with a cold lotion, being kept at the same time in an elevated position; and although such a plan of treatment will not effect the cure of a patient who lies with stertorous breathing in a state of perfect stupor, many will recover under it, in whom the symptoms of pressure have been very urgent. In some instances a slight improvement is perceptible from day to day, until, at the end of two or three weeks, the patient seems to be restored to his natural condition. In other instances his recovery is less complete, and a partial loss of nervous power may remain for many months; or such a memorial of the accident as a dilated pupil, a benumbed hand, or a paralytic limb, may exist for a much longer period—for years, or even during the remainder of the patient's life.

BLEEDING IN INJURIES OF THE HEAD.

To the Editor of the London Medical Gazette.

SIR,

SINCE my communication to you on the subject of bleeding after severe injury, I have received the 14th volume of the Medico-Chirurgical Transactions, in the second part of which is an elaborate paper on Injuries of the Head, by Mr. Brodie. Had I read this before I wrote my letter, I should certainly have referred to it. It contains much useful information, collected from different sources, as well as from the author's own experience; and though Mr. Brodie has not favoured us with his decided opinion on the effect of bleeding on the action of the heart, I think a general inference may be drawn from the paper in favour of the practice, and more especially in head cases, in which experience is constantly shewing us the errors we are likely to be led into by deciding on the nature of the injury by the symptoms produced. I need only refer to Mr. Brodie's paper in proof of this statement; and as in all cases of pressure, either from extravasation or any other cause, we have the authority, I believe, of all the best surgeons for lessening the volume of blood passing through the head by bleeding—and the discrimination of these cases is so very difficult—I think the injury to be derived from bleeding in concussion has been too strongly insisted on in theory, and frequently produced fatal effects in practice. If, from a possibility of doing wrong, we abstain from that plan which reason points out to us as likely to prove right, we shall often sacrifice our patients' lives to preserve our own reputation. I may here observe, that Mr. Brodie states in his paper, that in concussion the immediate cause of death is the stoppage of the action of the heart, and he reminds us that this action may be carried on without the influence derived from the brain: reasoning from these data, I think I am justified in assuming, that the chief object in cases of severe concussion, is to enable the heart to resume its action. I believe we are all agreed as to the propriety of applying external and internal stimuli when any part of the system has received so severe an injury as to stop most, if not all, the natural functions of the body, but I am aware that I shall meet with much opposition to the practice of immediate venesection. It will be said, What! bleed a man when he is pale, cold, and nearly dead? Why, sir, he wants blood to be put into him, instead of taking it away. To this I should reply, that he has as much blood in his body as he had before the accident, and the vital functions depend upon the quality much more than upon the quantity of the blood; that if the blood cannot circulate through the lungs to be submitted to the alteration thus produced, it no

longer serves the purpose of blood. Now, I think the attainment of this object may be favoured by judicious bleeding. I think much may be said in favour of this treatment from the principles by which the motions of dead matter is governed; and though I am aware these principles will not apply to all of the animal functions, there are others that must in some degree be regulated by them; for instance, in the subject before us, the muscular power of the heart, in its healthy action, is equal, with the aid of the arteries, to circulate the blood freely through the body—the power being equal to the weight it has to move; but if the power be lessened, and the weight remain the same, I think we may be justified in acting on mechanical principles, and lessen the quantity of blood, while we at the same time endeavour to produce the action of the heart by stimulants. Much more theoretical reasoning might be brought forward, but I shall forego it, for the sake of a more certain guide, experience, which I think will be found to shew that more patients recover from concussion accompanied with hæmorrhage, than without. Some of the severest cases of concussion, with complete insensibility, which I have lately seen, were from kicks from a horse, with profuse bleeding.

I likewise call your attention to a case before the public in the Lancet, No. 250. The man was struck by the handle of a machine, and brought to the Westminster Hospital in a state of insensibility: the frontal branch of the temporal artery was bleeding profusely; there had also been considerable hæmorrhage from the left ear. The after treatment was such as is commonly had recourse to in cases of concussion. The patient did well. I have received a letter, stating, that in my former communication I either overlooked or neglected to speak of a strong full pulse, as the principal indication for bleeding. I beg to observe to the writer, that I should not have troubled your readers with the consideration of cases in which no surgeon could doubt of the propriety of bleeding, but that I wish to call their attention to the following question—whether, in severe injuries of every description, threatening the death of the patient, it be good or bad practice to endeavour to restore the healthy action of the heart by gradually taking away venous blood, in conjunction with the stimulating treatment I have before mentioned? I am aware that the case which I have related to you in my last, may be brought forward against the treatment I am advocating; but in searching after truth we are not justified in withholding facts because they do not support our own opinion. In the same spirit of feeling, I call the attention of those surgeons who speak so decidedly against bleeding to the second case reported from St. George's Hospital in your last number—from a blow on the head. "The man was stunned for upwards of an hour, and when he regained his senses he found he was lying deserted in the field, and bleeding profusely from the wound." The after symptoms in this case, I think, plainly shew that the danger to be apprehended upon the receipt of the injury was from the effects of concussion, and yet this man bled profusely from the head for an hour; and, in my humble opinion, this was the principal cause of his recovery. The matter is now so fairly before the public, that I shall with pleasure leave it in the hands of those who have more opportunities of observing, and are better able to judge of the propriety of the treatment than I am. In conclusion, I refer you to the Edinburgh Medical and Surgical Journal, volumes 9, 10, and 17, for cases of concussion in which bleeding was employed immediately upon the receipt of the injury. They all recovered.

W. Hill.

Wotton-under-Edge,
July 26th, 1828.

VALUE OF BOTANY.

To the Editor of the London Medical Gazette.

Sir,

Permit me to make a few observations on a letter inserted in your last Gazette, professedly a notice of Dr. Allman and the Dublin school, but actually an attack on botany and its professors generally. This the writer appears partially to have felt, for in the fourth column of his communication he admits, "truly I was forgetting Dr. A. all this while; I had almost let slip from my memory that I was to sketch the Professor rather than the science."

The letter of "Eblanensis" I read

with no slight surprise, and am fain to confess that I was fairly at fault to conceive from what premises such damnatory conclusions could be drawn; for had not he himself declared it, I should not have supposed that any one would have presumed to condemn a science with which, in the same breath, he asserts "I never could form even a bowing acquaintance, under the Doctor's auspicious introduction." That botany has continued as "coy a dame to him" as ever, becomes notorious, from his assertion that "it has been well observed, and must even by botanists themselves be admitted to be the truth, 'that the chief business of botany is the naming of its tools;' and this," he adds, "is what they dignify with the name of a science."

This is *not*, Sir, "what botanists dignify with the name of a science"—"the naming of its tools" is *not* "the chief business of botany." A detailed account of botany, its extent, and its advantages, your limits will not allow; neither can a matter so universally admitted require proof. As well might we restrict the meaning of the term "botany" to its original "*grass*," as to the diagnostic branch alone. It comprehends a knowledge of plants in general, and of all that relates to them. Phytography, too often pursued as the sole end and aim, "is but a part, and that the least interesting and important part, of philosophic botany."

"The diagnosis is, no doubt, a useful and desirable study; but with a less absolute abuse of words might that man be called a botanist who is well acquainted with the structure, functions, and laws of life in vegetables, although he might know not the name of a single plant, than him who could name each plant that grows, if ignorant of phytology." Such not being the science that "Eblanensis" hath pourtrayed, to botany, properly so called, his remarks do not apply. Yet "this, to the contracted view of vulgar minds, may seem to be beyond its sphere; but it is by such superficial and contracted ideas that the science is robbed of half its charms, and that which should be a study of things, too often rendered a task of uncouth and barbarous names."

On this subject the value of your columns forbids me to dilate, therefore I will only ask, can it be that such a science "contracts the intellectual, as well as the moral qualities?" Can it be, that while "most other sciences tend to develop the faculties, imparting a comprehensive and expanding influence, botany has a tendency of quite an opposite character?" Such may be the theory of "Eblanensis," but is it supported by facts? Before such an hypothesis be advanced, the adage should be remembered, that "the devil has invented practice to contradict theory." Let botany be judged by its effects. Did it "contract the intellectual and moral qualities" of Ray, Evelyn, Grew, Sloane, Linnæus, Haller, and many, many others? not to mention Sir Joseph Banks, "upwards of 40 years President of the Royal Society,—"a man thoroughly penetrated with a pure love for the science of botany." Can it be that these and other illustrious philosophers have largely devoted their time to a study "that can only be deemed worthy of a certain degree of consideration," because "there is certainly no sort of knowledge, however humble, that does not possess some little share of intrinsic importance?" Can it be that a science which the most learned of our profession have ever highly valued, will, "at a time not very far distant, have completely dropped off, as a useless branch of medical education?" Or can it be that our Colleges so grossly err, as to recommend and require this knowledge, if, "for the purposes of the healing art, botany (as your correspondent asserts) is positively worse than useless?"—Hard words, Mr. Editor—"barbarous phraseology," with which, I hope, we shall never "be forced to become familiar."

The sarcasm on Linnæus seems very like "raising the hoof against the lion dead:" the others are unworthy notice. As to the *significant* terms of botany, let it be remarked, that to the prurient mind alone are they improperly significant. Hath "Eblanensis" been always so "right merry" on "a very pleasant day," as never to have observed the hemlock and the rose growing on the same spot; the one affording a delightful odour, the other elaborating a deadly poison—the difference depending not on the soil, but on the plant? So is it, saith the fable, with those who pervert the *significant* terms of botany.

Yours obediently,

A BOTANIST.

July 30, 1828.

SUPPLY OF WATER IN THE METROPOLIS.

Report of the Commissioners appointed by His Majesty to inquire into the State of the Supply of Water in the Metropolis.

(Concluded from page 275.)

In order to ensure the subjecting of all these various specimens to the most careful and rigid examination, upon one uniform system, we put them, for that purpose, into the hands of Dr. Bostock, a gentleman eminently qualified for the task by his extensive knowledge of chemistry, and his practical experience in this department of analysis. In the Appendix will be found the detailed account of his examinations, in the accuracy of which we have every reason to repose the fullest confidence. In his report to us, he justly remarks that it would have required a much longer space of time than was allowed him, to have performed a complete scientific analysis of so many specimens of water; but the results he obtained are quite sufficient for the object proposed, and to which we more particularly directed his attention, namely, "to ascertain how far the water of the Thames, contiguous to, or in the neighbourhood of London, is in a state proper for being employed in diet and various other domestic purposes."

The general conclusion he deduces from the whole series of examinations is expressed in the following passages of his report:—

"It appears that the water of the Thames, when free from extraneous substances, is in a state of considerable purity, containing only a moderate quantity of saline contents, and those of a kind which cannot be supposed to render it unfit for domestic purposes, or to be injurious to the health. But as it approaches the metropolis it becomes loaded with a quantity of filth, which renders it disgusting to the senses, and improper to be employed in the preparation of food. The greatest part of this additional matter appears to be only mechanically suspended in it, and separates by mere rest. It requires, however, a considerable length of time to allow of the complete separation; while, on account of its peculiar texture, and comminuted state, it is disposed to be again diffused through the water by a slight degree of agitation, while the gradual accumulation of this matter in the reservoirs must obviously increase the unpleasant odour and flavour of the water, and promote its tendency to the putrid state.

"Regarding the greatest part of the extraneous matter in the Thames, as mechanically mixed with it, we may conceive that a variety of incidental circumstances will affect its quality in the same situation and under the same circumstances of the tide; but the observations are sufficiently uniform to warrant us in concluding, that the water is in the purest state at low tide, and the most loaded with extraneous matter at half ebb. It would appear, however, that a very considerable part, if not the whole of this extraneous matter, may be removed by filtration through sand, and still more effectually by a mixture of sand and charcoal."

The examination of the water taken from the London Dock, shewed that it did not contain the smallest appreciable quantity of copper.

We have also endeavoured to gain information from various other sources respecting the state and purity of the Thames water, and its general fitness for domestic use; and from such inquiries it appears proved to us, that the quality of the water within certain limits, included in what may be called the London district, has suffered a gradual deterioration within the last ten or twelve years. We found this opinion upon the well-ascertained fact of the disappearance of fish from those parts of the river, to such an extent, as to have led to the almost entire destruction of the fishermen's trade between Putney Bridge and Greenwich; and upon the circumstance that the eels imported from Holland, can now with great difficulty be kept alive in those parts of the Thames where they were formerly preserved in perfect health. We also learn that the fishmongers in London find it impossible to preserve live fish for any length of time in water taken from the same district.

The causes of these effects are, perhaps, principally to be traced to the increase of certain manufactories, amongst which, those of coal gas are the most prominent, polluting the river by their refuse; to the constant passage of steam-boats, by which the mud is stirred up, and to the peculiar nature of that

mud within the above-mentioned precincts. The very circumstance also of the great abundance with which water is supplied to the houses and manufactories of the metropolis, appears to be essentially connected with the augmented impurity of the river; for where refuse animal and vegetable matter of various descriptions used to be collected, and from time to time removed for the purposes of manure, it is now indiscriminately washed into the sewers, and conveyed into the Thames: and the sewers themselves are rendered much cleaner than formerly by the quantity of water which runs to waste, and which, as already remarked, has rendered them less offensive, especially in those parts of the town where they used to be most liable to stagnation and consequent putrescence. Thus it has been stated to us that the water of the river is more polluted immediately after heavy rains, which force down the contents of the sewers, than after a continuance of dry weather, when its course is sluggish or altogether arrested; and the results of experiments we directed to be made on the subject fully establish this fact. The great increase which has of late years taken place in the population of London, and of its suburbs on every side, must also be attended by a proportionate augmentation in the quantity of extraneous matter carried down into the Thames.

There are other circumstances affecting the fitness of the water, as now taken from the river for the supply of the town, which, though less general in their influence, should not be overlooked; such as the position of the suction pipes of the engines belonging to some of the companies in regard to the mouths of sewers, the quantity of dead animals thrown into the river in and about London, its contamination by the offal of slaughter-houses, and a variety of other causes, which we need not here specify, but which will be found on reference to the evidence; some of these we have inquired into in detail, and have anxiously sought for means by which the nuisances in question might be remedied or abated; but it is manifest that, if the general quality of the river water be objectionable within the whole of that district whence the supplies for the metropolis are drawn, any remedies for local evils become comparatively unimportant; and although these diminish as we ascend the river, we apprehend that their influence, with that of the other contaminating causes, will be more or less felt nearly to the extent to which the tide reaches.

The statements which have been made respecting the insalubrity of the Thames water, as supplied by the companies, have also been considered by us; and although, from the few cases which have been brought before us of disorders imputed to this cause, we do not feel ourselves warranted to draw any general conclusions, we think the subject is by no means undeserving of further attention. There must always be considerable difficulty in obtaining decisive evidence of an influence, which, although actually operating to a certain extent as a cause of constitutional derangement, may yet not be sufficiently powerful to produce immediate and obvious injury. It cannot be denied that the continued use of a noxious ingredient in diet may create a tendency to disorders, which do not actually break out until fostered by the concurrence of other causes; for we unquestionably find an influence of the same kind, exerted by other agents, which occasion merely a certain predisposition to disease, and of which the immediate operation must therefore be extremely insidious and difficult to trace. It is obvious that water receiving so large a proportion of foreign matters as we know find their way into the Thames, and so far impure as to destroy fish, cannot, even when clarified by filtration, be pronounced entirely free from the suspicion of general insalubrity. In reference also to this question, we apprehend that there are no grounds for assuming the probability of any improvement in the state of the water drawn from the London district of the river.

Although the principal supply of water by the New River Company is not open to the same objectionable impregnations as that of the Thames, we think it, nevertheless, susceptible of much improvement. The occasional deficiency in quantity, which suggested the necessity of the engine at Broken Wharf, might be obviated by allowing a portion of that supply to be drawn from the River Lea, at Lea Bridge.

But here, as in respect to the Thames, the water is occasionally very muddy, receiving as it does the drainage of a considerable extent of country, in con-

sequence of a right claimed by the proprietors of adjacent lands, and which the company have at present no means of obviating; neither have they any power to prevent persons from bathing in their aqueduct.

These evils they would very gladly remedy, if enabled to do so; and their removal, together with the adoption of an extensive system of filtration, would materially contribute to the perfection of the New River supply. Great benefit would result, not only to the extensive district of London supplied by this company, but also to the public at large, if the inducement to bathe in the open canal of the New River were superseded by the establishment of baths in the neighbourhood of the metropolis, to which the public might, under certain regulations, be allowed access. It has been stated to us in evidence, that the New River Company have voluntarily offered to furnish sufficient supplies of water for a purpose of such manifest and general utility.

Taking into consideration the various circumstances to which we have now adverted, together with the details of evidence by which they are proved and illustrated, and also the facts derived from our own observation and experience; we are of opinion, that the present state of the supply of water to the metropolis is susceptible of, and requires, improvement; that many of the complaints respecting the quality of the water are well founded; and that it ought to be derived from other sources than those now resorted to, and guarded by such restrictions as shall at all times ensure its cleanliness and purity.

Various schemes proposed by different individuals, for the attainment of these desirable objects, have occupied our attention in the course of our inquiries; but the complete examination of any plan of this kind, with reference to its practical efficiency and expediency, would necessarily have required the taking of surveys of the ground, and the determination of levels of different points comprehended in such plan. The limits which have been assigned to our inquiry, and the manner in which our Report has been demanded, have precluded such further investigation of this important subject as we had originally contemplated, and for which, indeed, we had been making preparation. But while we must, consequently, refrain from any further remarks upon the remedies applicable to the existing evils, and upon the best means of conveying a sufficient supply of water of unexceptionable quality to the inhabitants of the metropolis, we are unwilling to close our labours, without expressing our strong sense of the importance of this object to the public, and our earnest hope that its full investigation, by competent persons, will not be long deferred. As, however, the materials we had collected with a view to this more extended inquiry may still be useful to those by whom the inquiry is resumed, we have thought it proper to insert them in the Appendix to this Report. Some part of the evidence offered to us by one of the companies, relating to projected alterations and improvements, and which was not in a sufficiently mature state to be made public, has, at the request of that company, been withdrawn, on their finding that we had not the power of prosecuting the inquiry to the extent originally contemplated.

We have not entered into the question of the effects resulting from the mutual compact agreed upon by the several water companies on the Middlesex side of the Thames, with regard to the limitations of the districts they respectively supply, it having been expressly stated to us by his Majesty's Principal Secretary of State for the Home Department, at the time our commission was issued, that the grievances imputed to this cause were not to form any part of our present inquiry, inasmuch as they had been the special subject of consideration by a Select Committee of the House of Commons, appointed for that purpose in the year 1821, and by whom a report relating to those matters has been made. The opinion given by that Committee was, that in consequence of the peculiar nature of the undertakings of companies for the supply of water, where large capitals must necessarily be vested in fixed machinery, and where, from the commodity furnished being of no value but for consumption on the spot, the sellers are confined to the market by the nature of the trade, the principle of competition in its application to such companies requires to be guarded by particular checks and limits, in order to render it effectual without the risk of destruction to the competing parties, and thereby ultimately of a serious injury to the public. The only

remark we shall venture to make upon this subject is one naturally suggested by the evidence which has come before us in the course of our inquiries, namely, that if, on the one hand, the preservation of the present water companies, from which the public have undoubtedly derived immense benefits, would be endangered by unlimited competition with new companies that might be established for similar objects, it must, on the other hand, be evident, when due regard is had to the consideration, that the constant and abundant supply of pure water is an object of vital and paramount importance to the inhabitants of this vast metropolis; that the dispensing of such a necessary of life ought not to be altogether left to the unlimited discretion of companies possessing an exclusive monopoly of that commodity; and that the interests of the public require, that while they continue to enjoy that monopoly, their proceedings should be subjected to some effective superintendence and control.

P. M. ROGET, (L.S.)
WM. THOS. BRANDE, (L.S.)
THOMAS TELFORD, (L.S.)

9, New Palace Yard, Westminster,
April 21, 1828.

MEDICAL GAZETTE.

Saturday, August 9, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

FELLOWSHIP OF THE COLLEGE OF PHYSICIANS.

THE Lord Chief Justice lately, in half a sentence, settled the question, that the College of Physicians has a legal authority. Indeed the whole profession were already pretty well informed both of its nature and extent, and according to what regulations it was exercised.

This authority, and the mode of using it, have at various times provoked abundance of envy, hatred, and malice,—whether justly or unjustly, we cannot tell. But we are sure that at the present moment all such feelings are greatly mitigated, and that the College enjoys much good will from the profession—quite as much, perhaps, as a body so constituted can ever obtain. We think that it might enjoy more, and we wish that it did; but, to this end, a better order of things must first come to pass. The great body of physicians in England will pay a willing allegiance to the College as their head only when they feel that by its constitution, its conduct, and its character, it has a just right to their respect.

Now the credit of the College must always rest principally upon the Fellows. They are its privileged order, and rule and regulate all its concerns. Upon the constitution of the Fellowship, and the qualifications which serve as a title to it, we wish to make a few observations.

The possession of an English degree in medicine, is the only sure and certain title. A probation of ten years as a licentiate, and a certain, (we may say, perhaps,) a high degree of personal merit, also furnish a title. But this is not an absolute title, being subject equally to the good will and the disregard of the president. Besides, the elections into the Fellowship by the first claim are without limit; those by the second, are restricted to one a year.

It is obvious, therefore, that the majority of the Fellows must be English graduates.

Now the preference thus given to English degrees is justified on this ground—that the rank of physic, as an honorary profession in this country, is greatly upheld by its having constantly among its members those who have been educated in the same manner, and in the same habits, with the best style of English gentlemen.

We admit this argument to be very reasonable, and we approve of the prin-

ciple which gives encouragement to English education; but we fear the College has too often sacrificed both the reason and the principle, by accepting the mere form instead of the reality, of this English collegiate education as a title to the Fellowship.

It is notorious, that one of the universities is very easy in the terms upon which it admits *ingenuous* youth to the honours and privileges of its medical degrees. It spreads its net far and wide, and brings home a miraculous draught of fishes.

Nine half terms at Cambridge complete the residence required for a medical degree: and if it be passed at certain colleges, which are preferred for their accommodating principles, very few acts are required of compliance with the studies or the discipline of the university from the individual: he is supposed to be studying physic—that is enough.

There are constantly to be found in Cambridge a number of men who would never have thought of going thither but for the sake of seeking a way into the College of Physicians in London. This number is increasing year after year, and if the university do not reform their system, or the College of Physicians theirs, this facility of obtaining (what used to be considered) the most honourable degree in medicine, will ruin the respectability of the profession.

Among these medical term-trotters, at Cambridge, are to be found tradesmen, and refugees from other professions; and physicians, who have formerly graduated elsewhere, and not succeeding in practice, impute their failure not to themselves, but to error in the forms of their education, and forthwith betake themselves to Cambridge as supposed medical students, and leave their names upon brass plates in London as supposed medical practitioners.

There is not an instance, within our memory, of any man who has adopted this sly manœuvring kind of education ever succeeding in his profession. Those Fellows of the College who have gained, or who are gaining the confidence of the public, have all resided in the universities for the universities' sake, and have, many of them, been distinguished among their contemporaries there; and those Licentiates who have gained or are gaining the confidence of the public, have made the best of the circumstances under which they are placed, and have retired upon their own personal characters, to compensate any supposed disadvantages of their situation in the College.

The College of Physicians has certainly not acquired strength by the numerical increase of its Fellows; yet it ought to have done so; and unquestionably it would have done so, if every one of its hundred Fellows had gone fairly through the discipline of such studies as are in repute at either university. Out of an hundred men, who by this discipline would (to say the least) have enjoyed uncommon advantages of previous education, more eminent physicians must have grown up than are to be found amongst the Fellows of the College.

Now the whole profession are interested in the remedy of this evil, for the whole profession are concerned in the character of the body which presides over it. But what shall be the remedy? Probably, the universities would not bear patiently the interference of the College in their discipline, or even allow it to suggest to them the condition of granting medical degrees. But the College might do this—it might cease to examine the bearers of English degrees for admission into the Fellowship, as a matter of course; it might examine them simply for a license, and elect them subsequently according to their character, with or without a

second examination, into the Fellowship. It is the system of indiscriminate admission to the Fellowship against which we protest.

Whether this plan would be the best that could be devised, we do not pretend to say; but we are sure that some plan must be quickly thought of, or the heavy weight which is adding itself year after year to the tail of the Fellowship *will pull the College to the ground, and keep it there.*

Surely we cannot be thought to wish ill to the College, when we call upon it, for the credit of our common profession, to raise the standard of qualification in those who lay claim to its highest honors!

HOSPITAL OF SURGERY.

A NOTICE is posted up at this Institution, to inform the *public*, that the Sunday meetings are to be discontinued till October! The reason of this arrangement is not mentioned, but it is supposed to have arisen from the number of visitors interfering too much with the *extensive* business of the HOSPITAL.

SINGULAR CASE OF FUNGUS.

To the Editor of the London Medical Gazette.

SIR,

A SINGULAR case of fungus has recently fallen under my observation, and as none of your regular reporters seem to have met with it, I beg to send the particulars for insertion in your Journal.

Thomas Wakley lately applied for admission at St. Bartholomew's Hospital, under the following circumstances: A few months ago a small *fungus* or *excrescence* made its appearance immediately under his nose, to which at first he paid little attention, as but a short time previously he had observed something of nearly the same external characters, which, however, in a few weeks dropped off, without giving him any trouble. The present fungus, however, had assumed a more threatening aspect even from the commencement—at first it was of a yellow colour, but within a week had changed to a light green, and occasioned such a constant sense of smarting, that the poor sufferer made various unsuccessful attempts to extirpate it. These produced a great deal of constitutional irritation, and a very rapid and alarming growth of the fungus. The patient now experienced great torture, but being extremely anxious to hide his sufferings, he made light of them, assuring his friends that the adventitious growth gave him no uneasiness; indeed, that the sensation it produced was rather pleasant than otherwise. It soon, however, became evident to all, that he could not long maintain the struggle, but was rapidly sinking under the effects of irritation acting upon an unhealthy constitution; indeed, his countenance bore evident marks of mortification having supervened. Finding that the excrescence did not drop off as he had expected, and that it could no longer be concealed, he applied at St. Bartholomew's Hospital, in order to have it extirpated. The surgeon of the week, however, did not choose to hazard his reputation by complying with his request, as the patient's general system was observed to be of a gross and inflammatory character, his tongue extremely foul, and his powers of digestion very imperfect. The patient, who had long been dreadfully troubled with flatus, was now seized with a diarrhœa, which lasted some weeks, and was accompanied by fits of delirium, which came on periodically—for the most part on Friday evening. His friends were for some time very anxious about him; but by the free use of the lancet, and the evacuation of a prodigious quantity of bile, he partially recovered, though in a very emaciated condition, and with the excrescence altogether undiminished.

He has since applied at various hospitals, and other public institutions, but without gaining admission anywhere, as his habits are known to be very intemperate, and his constitution very prone to inflammatory attacks. None of the surgeons whom he has consulted look upon the fungus as malignant; indeed, its disposition to spread, and the extent to which it disfigures a countenance naturally prepossessing, are the only circumstances which can account for the extreme anxiety of the patient to get rid of it.

Should any one attempt the extirpation, you shall not fail to hear again from Q IN A CORNER.

CHILD WITH LETTERS MARKED ON THE IRIS.

THERE is at present exhibiting in London a child, said to have the words "Napoleon Empereur" depicted on the eye. This phenomenon attracted much attention in Paris a short time ago, and the following are extracts from letters written by a gentleman then in the French capital:—

Extract of a letter from Paris, dated May 16, 1828.

"A child, four years old, is now in Paris, with the words "Empereur Napoleon" on the right eye, and "Napoleon Empereur" on the left, in white letters on a blue ground. Magendie, Cuvier, and about forty sçavans, have seen it, and will testify the truth. The child will probably go to England, where, no doubt, he will make a fortune."

Extract of a letter dated Paris, May 26, 1828 (same author).

"The child with the letters on its eyes is still in Paris, and there appears to be no doubt that the effect is natural, and not, as you suppose, by the operation of tattooing, or puncture. The mother accounts for it in this way: she was a violent Bonapartiste, and her brother, who was one of Bonaparte's guards, gave her, at parting with her, when going to the army (where he was killed), a new 20 sous piece of the Emperor's; this she religiously kept, but being poor, was obliged to part with it to pay the contribution, which affected her so much, that she cried bitterly for three or four days. At this time she was in the family way."

According to the conjecture of the writer, the child has been sent to England: whether the second part of his supposition will prove correct or not, remains to be seen.

There are various instances on record in which individuals have been said to have words (generally a name) marked upon the iris. For the most part these individuals have had light-coloured irides, marked with lines of various figure, and generally of darker colour; and, with the help of a little imagination, something like letters may occasionally be discovered. In the present case, the iris is of a light blue or grey colour, and is traversed by lines of a lighter colour, or nearly white. Among the irregular figures thus formed, a *willing* spectator may read Napoleon Empereur—or any thing else.

MR. BROOKES'S MUSEUM.

THE sale of this splendid collection is still continuing, and many of the choicest anatomical preparations, and specimens of morbid anatomy and natural history, are yet to be disposed of. Those anatomical preparations which were known to have been dissected by Mr. Brookes, have been eagerly sought after, and have generally brought high prices. Mr. Cliff has been a constant attendant, and the College of Surgeons has purchased freely and liberally. A very spirited competition took place for the skeleton of the Peruvian Paco, a most beautiful animal, between the College and Mr. Temminck, who has been sent over expressly for the purpose of enriching his national collections, by the Dutch government. It was sold to the College for thirty pounds. It is said to be the only skeleton of this animal in Europe. The Chilian Lama, presented to Mr. Brookes by Lord Darnley, produced twenty-six guineas. This lot was also bought by the College.

With every true lover of his profession, and of science in general, it must be a subject of deep regret that the value and interest of such a collection should be diminished by separation. Many reports have been circulated of handsome offers having been made for the whole museum, on the part of government and different universities. They are, however, without foundation. We know, from the best authority, that no attempt even has been made to secure this invaluable collection as a national museum, or to promote the cause of science by attaching it to any university.—*London Medical and Physical Journal.*

EXAMINATION FOR DEGREES AT CAMBRIDGE.

To the Editor of the London Medical and Physical Journal.

SIR,

IT has been recently much the fashion to decry, for party purposes, the education which the English Universities require for their graduates in medicine.

After the same education which is demanded from persons qualifying for the learned professions, as the church or the bar, a sufficient time elapses, before the first medical degree is conferred, to enable them to acquire (with powers of mind reasonably believed to be improved by such previous education,) medical science at any of the universities on the continent, or in Edinburgh or in London, as they please. The test of their proficiency is an examination, without passing which they are not admitted to their first degree in medicine; a degree, be it observed, which does not even authorise practice until a license is given *ad practicandum*, and which is wholly unavailing in London until the possessor of it has been examined and licensed by the London College.

The following are the questions set to the candidates for the degree of M.B. in the University of Cambridge, in June last. The public will judge whether such an examination is inferior to any in Europe in difficulty, and whether persons answering them fully on paper are not qualified for admission to their first degree.

I am, Sir, your obedient servant,

VERAX.

Examination for M.B. Degree. 1828.

No. I.

1. Describe the Cæliac Artery, its branches, and their distribution.

2. What are the branches of the External Carotid Artery?

3. Describe the Sinuses of the Brain, their form, situation, and structure.

4. Describe the origin, course, and distribution, of the Par Vagum.

5. What are the Nerves distributed to the muscles of the face? What is the difference in function attributed to the fifth and seventh pair?

6. Describe the Pericardium, its situation, attachments, structure, and use.

7. Describe the Omentum, its form, attachments, and position. What is meant by the small Omentum?

8. Describe the Duodenum, its position, attachments, and structure.

9. What are the changes which the Blood and Air undergo in respiration? Is the Circulation assisted by atmospheric pressure?

10. What is the chemical composition of Bile? What purpose does this fluid serve in the animal economy?

11. For translation, Aphorisms from Hippocrates.

No. II.

1. What are the morbid appearances found on the dissection of persons who have died from Apoplexy?

2. Explain the Pathology of Dropsy. In what cases is bleeding to be recommended in this disease?

3. In what stage of Measles does diarrhœa usually occur?

4. What remedy does Sydenham recommend in the diarrhœa supervening on Gout?

5. What is the distinction between erythematous and phlegmonous Inflammation?

6. What are the symptoms and treatment of Tetanus?

7. In what class and order of Cullen's Nosology is Dyspepsia placed?

8. How do we distinguish Pleurisy and Peripneumony?

9. What are the symptoms and treatment of Cholera Morbus? How do we distinguish this disease from the effects of the swallowing of arsenic? What are the best tests of the presence of the arsenious acid?

10. What are the mode of preparation, the dose, and the medicinal powers, of the Bismuthi Subnitras?

11. How is the liquor Ammoniæ prepared? What are the medical virtues and dose of this preparation? What is the chemical composition of Ammonia? What is its equivalent number?

12. How is the Acetas Plumbi prepared? What are the medical virtues and dose of this preparation?

What is the formula for the liquor Plumbi Subacetatus dilutus?

13. What is the mode of preparation and dose of the Infusum Digitalis? With what medicines is it incompatible?

To what class and order of Linnæus does Digitalis belong? To what natural order?

14. For translation, a passage from Celsus.

[Quere.—Will Verax take upon himself to say that the questions must be answered in order to obtain the degree?

E. G.]

HOSPITAL REPORTS.

PARIS HOSPITALS.

Cysts with Bony Parietes, developed in the Substance of Bones.

M. Dupuytren has more than once called our attention to these tumors, which he was the first to describe accurately. If, he observes, fibro-cellular tumors often develop themselves in the substance of the soft parts, and more especially in the uterus, similar tumors may also be found occasionally in the substance of bones. A contusion, or some other accident, may form the germ of such affections, and when once they have commenced, their increase is easily to be conceived. They are united to the neighbouring parts by a pedicle, which transmits their nourishment and life; and their growth is at once the consequence of this connexion, and the cause of the separation of the osseous laminæ. But, although it is easy to conceive that a solid matter interposed between the bony cells may, by its progressive growth, separate and distend them to a considerable extent, it is more difficult to comprehend how such cavities can be developed, containing only a fluid, and how this fluid can act with so much power as to separate and distend the cellular structure of a bone: nevertheless, the fact is so. M. Dupuytren has observed several examples of this kind of tumor, either in the extremities of the long bones, in the bodies of the vertebræ, or still more frequently in the bones of the face, in the upper or lower jaw.

These cysts contain either a solid or a fluid matter. The following case is a remarkable instance of the former.

Case I.—It is now about twenty years ago that a young man presented himself at the Hôtel Dieu, on account of a large tumor which swelled up his cheek, and occupied the right horizontal portion of the lower maxillary bone. This young man had been destined for the church, but had been refused admittance into the seminary, in consequence of the above tumor. M. Dupuytren examined it with attention, and was convinced that it was seated in the bone itself. When pressure was made upon the parietes of the cyst, which was of an oval form, he felt a slight crepitation, similar to that which is experienced in rubbing a piece of dry parchment between the fingers. The knowledge which the professor had acquired of the existence of these tumors with bony parietes, the absence of any fungous growth, or lancinating pain, together with the excellent state of health and the youth of the patient, joined to his ardent desire to get rid of the disease—all these circumstances determined M. Dupuytren to attempt its removal, and to induce him to believe that this was not a case of osteo-sarcoma.

He therefore made a large incision at the labial angle*, which was prolonged in the direction of the jaw, and carried within the mouth. The bony cyst was divided, a small quantity of reddish serosity escaped, and a fibro-cellular mass was perceived, which was partly extracted with a pair of pincers: suppuration destroyed the rest; and by means of repeated injections, the cure was completed, the edges of the cyst approaching each other little by little, so that the patient retained but a very trifling deformity.

Case II.—About three months ago, the sister of a physician inhabiting the neighbourhood of Tours, a young woman of from 20 to 30 years of age, handsome and robust, came to consult M. Dupuytren, on account of a tumor, the size of a hen's egg, which was situated on the right horizontal branch of the lower jaw. M. Dupuytren having examined it, and finding that there was neither lancinating pain nor varicose degeneration, and also remarking the feeling of crepitation on pressing the parietes of the cyst, assured the patient that it was not a case of osteo-sarcoma, an opinion which had been previously entertained. Delighted with a prospect of a cure, she entreated M. Dupuytren to perform the operation which he had declared to be necessary. The tumor projected more within the mouth than exteriorly; it pushed the tongue out of its situation, and its growth appeared to have been determined by the incomplete extraction of a carious tooth. An incision was made within the mouth, upon the surface of the cyst; and upon opening into it, a great quantity of bloody serum escaped, but, at the bottom, a solid mass was perceived, which was extracted, and found to be perfectly analogous to adipocere: it was so in fact—probably arising from the change produced on the animal matter of the

* This is the only case in which Dupuytren has ever divided the labial angle.

food, which had penetrated the cyst through the alveolus of the tooth, and which had become so metamorphosed during its long stay within the cavity. A few injections, and poultices to the cheek, a bleeding, and a rigid diet for some days, were alone necessary to effect the cure. This patient is perfectly free from every vestige of tumor or deformity.

Case III.—The report of the above successful case brought another young woman to the Hôtel Dieu, a short time ago, affected with a disease, to all appearance similar, and who therefore hoped for a cure. In this girl the tumor was also oval, and about the size of a hen's egg; it was situated in the ascending branch of the lower jaw, on the left side. Its growth had been slow, without any lancinating pain, or change of colour in the skin. The tumor was most prominent outwardly, and its position rendered a different mode of operating necessary. The sense of crepitation was as distinctly felt in this as in the two former cases, and several persons who had examined the tumor had felt it;—however, the number of persons who handled the tumor caused this crepitation to disappear; but M. Dupuytren, being convinced that he had felt it, attributed its disappearance to the constant and frequent application of the thin parietes of the cyst to the parts contained within it. On the 11th of July the operation was performed: the crepitation which had disappeared was again manifest, arising probably from the parietes of the cyst having reacquired their elasticity. An incision, about an inch in length, was made along the posterior edge of the masseter muscle, beginning some lines below its middle. In order to avoid wounding the vessels and the fascial nerve, the incision was continued down to the angle of the jaw; the edges were then separated, and the cyst was perceived, covered by a membrane which M. Dupuytren conceived to be serous, and which was soft and velvet-like to the touch. The whole surface was smooth and even. A stroke of the knife was then made across the bony cyst: a reddish bloody serum immediately escaped in abundance; a plug was afterwards introduced between the lips of the wound to keep them apart, and emollient injections were made into the cavity, a poultice applied to the cheek, and the patient was ordered to be bled in the arm, if necessary. Up to the present time, every thing is going on well—the cyst is suppurating, and the patient is free from pain and fever.

This case has given M. Dupuytren an opportunity of explaining the diagnostic sign of these tumors, and to establish the marked distinction which exists between them and the osteo-sarcoma, with which they might be confounded upon a superficial examination. The osteo-sarcoma is announced, from its very commencement, by lancinating pains, by a varicose tumefaction, by the participation of the neighbouring soft and hard parts, by fungous growth, and by the inequality of its surface. In these tumors, on the contrary, the neighbouring parts do not partake of the disease: the surface of the cyst is smooth and equal, and its growth is without pain; the osteo-sarcoma grows rapidly; the tumor above-mentioned increases slowly. The osteo-sarcoma is internally mingled with bony fragments; which are never met with in the tumors. As to the crepitation, it is never observed in the manner above described in the osteo-sarcoma; whereas it is a pathognomonic sign in the cases alluded to: it resembles that which M. Dupuytren has remarked in those tumors situated half above and the other half below the ligament of the carpus; with this difference, that, in that case, the crepitation proceeds from the striking of one against the other—the upper one displacing the lower, or *vice versâ*.—*La Clinique*.

ASYLUM FOR THE RECOVERY OF HEALTH.

[From a Correspondent.]

On Saturday, August 2, Mr. Keate performed the operation of lithotomy on a boy, æt. 8 (the son of a respectable surgeon in the country), at the Asylum for the Recovery of Health, in Lisson Grove. The stone, which was of considerable size, was extracted with the usual dexterity of that eminent operator, and the patient is going on extremely well.

This is the second operation for the stone which Mr. Keate has performed lately at the Asylum.

ST. THOMAS'S HOSPITAL.

CASE I.—*Erysipelatous Inflammation of Lower Extremity, successfully treated with Quina.*

RICHARD WRIGHT, aged forty-five.—This patient, seven months since, had a fracture of the patella, followed by extensive inflammation of the cellular membrane of the limb, and ulcerations; these had nearly healed, and he was regaining his strength, when, in the night of July 6th, the whole leg again became inflamed, and at five the following morning he had a shivering fit; four hours afterwards he had a second.

July 8.—He had another rigor; the integuments of the leg were on this day inflamed from the groin to the heel, with considerable swelling; pulse 90, and small; tongue had a dry brown fur; some head-ache.

Dr. Elliotson saw him, and ordered

Quininæ Sulph. gr. v. 4tis horis, and a milk diet.

July 17.—He had taken the medicine regularly up to this time: the inflammation of the integuments had entirely subsided; abscesses had formed in several situations in the cellular membrane; the fever was entirely gone.

He continued to take the quinine until July 22, when it was found to produce so much diarrhœa that it was ordered to be left off, and a pint of porter, and an additional quantity of milk daily, prescribed.

28th.—There was a degree of phlegmonous inflammation of the cellular membrane in different parts of the limb, as if more abscesses would be formed; but every thing like erysipelas had entirely disappeared, and there was no fever.

CASE II.—*Erysipelas of the Face successfully treated with Bleeding and Calomel.*

Aurelia Suesnak, aged eighteen, was admitted, under Dr. Elliotson, on July 12th, with erysipelas of the face and head, attended with so much effusion, that the eyes were completely closed, and the whole face had nearly lost all similarity to the human countenance. The pulse was 130, and soft; the tongue was red at the fore-part, whitish behind. She had vomited before she came in; there was cough, with great pain and tenderness of the right hypochondrium. She was immediately bled to ℥xxx. She bore this loss of blood without fainting, and obtained an immediate diminution of pain. The head was then shaved, and a cold lotion applied; and hyd. submur. gr. x. ordered to be given every eight hours, until her mouth should become sore.

The following day the erysipelas had diminished, but the symptoms of abdominal inflammation were aggravated. These, under the usual depletory means, subsided in a few days; and at the end of a fortnight the face had resumed its usual colour and dimensions, and the indications of visceral disease had almost entirely disappeared.

These cases show very well the absurdity of applying the same name to forms of disease so unlike, and requiring such different treatment.

GUY'S HOSPITAL.

CASE I.—*Fracture of the Skull, with Depression—symptoms slight.*

MURTY SULLIVAN, aged 27, an Irish labourer, was lowering goods by a crane, on a wharf, June 30, when the handle slipped out of his hand, and the weight running down rapidly, the handle, in one of its revolutions, struck him with great force on the forehead: he was knocked into the river, but taken out immediately, and very soon recovered sensibility and consciousness.

When he was brought to the hospital, the symptoms of concussion were very slight: a wound of the integuments was found to have been produced, with a fracture, by which a portion of the frontal bone, about an inch square, was partially separated, and a little depressed. There being not a single symptom which indicated that the brain was compressed, nothing was done but applying simple dressings to the wound.

V. S. ad ℥xx. Calomel gr. x.

July 1st.—He had passed a good night, was perfectly sensible, had only a little pain in the head, with a pulse which was quite healthy, except that it had a little hardness. Some calomel and opium were given for one or two successive nights, and the bowels kept open.

July 4th.—He had not had an unfavourable symptom: there was no pain

of head, and only a little soreness around the wound. At the end of a fortnight he was perfectly well, and was discharged.

CASE II.—*Fracture of Skull—some Depression—symptoms very slight.*

James Brown, aged two years, admitted under the care of Mr. Key, July 4, was struck by a large stone on the fore-part of the head. A compound fracture of the frontal bone, near its junction with the parietal, was the consequence. The fracture was not extensive, and there was slight depression. There were trifling symptoms of concussion for a few hours after the accident.

Ol. Ricini ℥ss. was given at bed-time.

On the following day he was found to be rather drowsy, but was easily aroused, and then appeared quite sensible. There appeared to be no pain, the pulse was rather full, and the pupils were quite sensible to light.

On the 6th, the whole appearance indicated that there was no injury of the brain. A little purgative medicine was given at intervals during the following week, when the child was taken away by his parents.

He has been seen since at the surgery, and found to have no effects of the accident remaining, except the wound of the scalp, which was healing.

CASE III.—*Fracture implicating the Frontal Sinus—symptoms severe.*

Mary Downart, aged 14, was kicked above the left eye by a horse, July 13. She remained insensible for some minutes, and, according to the account of those who brought her, she vomited at intervals during several hours after the accident. She was found to have a wound of the integuments, with a fracture through the superciliary ridge, and apparently running backwards through the orbitar plate of the frontal bone. One edge of the fracture was a little depressed, and there was an opening made into a cavity which, in situation, corresponded with the frontal sinus. The upper eye-lid was ecchymosed, and there was a small wound below the eye.

V. S. ad ℥viij. Hirudines xx. fronti et tempori.
Calomel gr. vj. mane. Mist. Cathart.

14th.—At nine this morning the pulse was 85, weak, and rather sharp; there was a very marked expression of drowsiness, from a degree of paralysis of the upper eye-lid on the side opposite to the fracture. The pupil of that eye was contracted; the left being covered by the dressings, could not be seen. Complained of being drowsy, and said she had pain at the fore-part of the head. An enema had been given in addition to the other medicine prescribed, but had produced only one stool. She had vomited once since the last report.

Five, P.M.—Was still drowsy, felt giddy, and had more pain; had been a little delirious during the day; pulse 100, full, and rather hard; no more vomiting; bowels well opened.

Ten, P.M.—Pulse sharper.

V. S. ad ℥x.

15th.—The disposition to dose, with the pain, continued; the pulse was much softer; had been well purged. Both the upper eye-lids were ecchymosed, and there was a purulent discharge from the conjunctiva on the affected side, with inflammation and swelling of the integuments of that half of the face. For this last were ordered fifteen leeches, with a poultice.

16th.—Inflammation of face diminished; less pain of head; pulse 80, small, and rather sharp; tongue white; still some drowsiness; pupil natural; bowels relaxed.

17th.—Face less inflamed; every other unfavourable symptom diminished.

20th.—The wound was healing, but a small surface of the bone was exposed, and appeared as if it would exfoliate.

August 1.—Wound healed, except a small sinus leading to exposed bone. Perfectly well in every other respect.

These, though accompanied by fracture, may be looked upon as cases of concussion. The last shows the danger which attends that accident even when it is apparently recovered from. There can be little doubt that inflammation of the brain, or its membranes, commenced early, and that if it had not been checked at once by the treatment adopted, the case might have terminated differently.

It is worthy of remark, that in the case in which the concussion was most

strongly marked, the most active depletory means were adopted, and that within a few hours of the accident.

As stated in the report, there was a little depression in each case; but in the first and last, there was reason to believe that the inner table of the skull was not fractured; and the depression in the second case, although of the whole thickness of the bone, was very slight.

G.

ST. BARTHOLOMEW'S HOSPITAL.

A case in which Cerebral Symptoms succeeded to a Compound comminuted Fracture of the lower end of the left Tibia and Fibula, extending into the Joint, with Fracture of the Astragalus and right Os Calcis—Death.

James Barnes, æt. 40, painter, on the 1st day of July last was employed to paint a window, about ten feet above the level of the pavement, and finding his foot slip, and that there was no means of saving his fall, he made a spring, and came to the ground upon his feet. He was immediately removed to St. Bartholomew's Hospital, when the lower end of the tibia, and fibula of the left side, were found to be broken, a small wound in the soft parts, about the size of a sixpence, communicating with the fracture. Upon examining the opposite foot the os calcis was likewise perceived to be fractured. A cold lotion was applied to the limb, and the man went on remarkably well for three days, resting at night, and having little or no pain, or swelling, either in the wound or in the course of the limb.

On the fourth day after the accident his brain became suddenly affected; his countenance changed; his eyes dull and heavy, the pupils somewhat dilated; his pulse, from being natural, became slow and very small; and his urine and fæces came away involuntarily. His tongue was brown, and he had the appearance of one in the collapse of fever. The limb looked inflamed, and in a state of suppuration. The cerebral symptoms continued up to the 23d; on which morning he died, about 4 o'clock A.M.

Post mortem examination the same day, at 2 o'clock in the afternoon.—Upon cutting into the fracture of the left leg, a number of little pieces of bone, about a quarter of an inch in length, were found about the broken end of the tibia, while other portions looked as if they had been comminuted. The fibula was fractured about one inch from its lower end, and rather higher than the fracture of the tibia. There was a fracture extending from the lower end of the tibia into the joint of the ankle, where there was also to be seen a transverse fracture of the astragalus. No union of the bones had taken place, but there was a deposition of osseous matter around the fracture. There was a great deal of suppuration round the part. The os calcis of the opposite side was found broken across its base, the fracture extending into the joint. On opening the skull two or three ounces of fluid escaped from beneath the dura mater. The vessels of the brain were turgid, and there was a slight yellow gelatinous effusion beneath the arachnoid membrane. Cutting into the substance of the brain the medullary matter did not look so smooth as usual; and pressing the finger over the surface, very small granules were felt, which upon being drawn out by means of a small forceps, proved to be the blood vessels; they had a gritty feel, and were evidently ossified. There was about an ounce and a half of fluid in the lateral ventricles. The choroid plexuses had one or two of those little round transparent bags adhering to them which have been called hydatids—one of them was about the size of a kidney bean.

This man had also a curious hydrocele; it differed from that of the common form, in having a contraction around it which divided it into two unequal portions, the lower one being the largest by nearly a third. At first it looked like a hydrocele of both sides, but the testicle of the left side being excluded from the swelling, decided this matter. Upon opening the hydrocele only one portion of serum came out, and a septum was found to divide it from the one above, which looked like a hydrocele of the cord.

Aneurism of the Abdominal Aorta.

Mary Ball, æt. 32, of spare habit, was admitted in Hope-ward, under the care of Dr. Hue, on the 12th June, complaining of a pain and stiffness in the left thigh and hip, for which she was cupped, and took Dover's powder at night. The case was looked upon as rheumatism. She concealed the ex-

istence of a tumor at the lower part of the abdomen. She requested to go into a warm bath, and expressed herself relieved by it; but upon repeating the bath a few days after, she felt a sensation of something having burst internally, and complained to the sister, who for the first time discovered a swelling in the abdomen. Upon being questioned, she said it had been there about two years, but that she did not make it known to any one, thinking that it might burst internally, and subside, which she said it had done once or twice.

She was now (July 1st) admitted into Faith-ward, under the care of Mr. Lawrence. The tumor pulsated strongly, and occupied the left iliac region. She had a cold lotion applied to the part, and took some purgative medicine.

The swelling and pain increasing, she took pil. Sap. c. Opio. om. noc. and was directed to repeat it in two or three hours, if necessary. In this way she lingered on to the 22d, on which day she died. She had not felt great inconvenience in walking till very lately.

Post mortem Examination.—On laying open the abdomen a large tumor was seen occupying the left side of the abdomen and pelvis, and being very firmly attached to the surrounding parts. The viscera of that side were considerably displaced, and closely adherent to the sides of the sac by dense cellular tissue. The sac was of an irregular shape, and seemed as if it had been formed at different times by repeated extravasations of blood. Upon its anterior surface there was an indentation which received the left kidney. The lower part of the sac was the widest, a small portion of which extended beneath Poupart's ligament downwards to the extent of two inches, in the direction of the vessels. The descending colon and rectum passed down in front of the sac, and were very firmly connected with it. Slitting open the abdominal aorta, a small aperture, the size of a goose-quill, was observed about half an inch below the cœliac artery, which communicated with the tumor. The artery, in the whole of its extent, was otherwise sound, and had no patches upon it; its caliber was rather small. Exposing a portion of the interior of the tumor, it was found to have caused the absorption of a part of the bodies of four of the lumbar vertebræ. The contents of the sac were blood and coagulum lymph.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

MIDWIFERY.

M. Baudelocque has announced (Academie Royale de Sciences) the following discoveries:—

1. Applying Galvanism to the fœtus, during laborious labours, to ascertain positively whether the fœtus be alive.

2. As a substitute for embryotomy, or removing the child piece-meal, to compress and reduce, by means of a forceps of particular construction, the head or body so much that they may be made to pass through the narrowest and most deformed pelvis.

SPONTANEOUS COMBUSTION OF THE HUMAN BODY.

M. Julia de Fontanelles has lately published a memoir upon this subject: he begins by asking the question, whether spontaneous combustion of the human body be possible or not? and then gives fifteen cases of this accident, of undoubted authority. Of these, eleven were females, all of them addicted to the abuse of wine and spirituous liquors. Two of these cases are especially curious, as exhibiting instances of partial combustion; one of the hand and thigh, which was cured; the other of the left hand, in a young girl of 17. Besides these general facts, it appears, first, that in such cases the combustible bodies placed near the persons so consumed were not burned; second, that the presence of an inflamed body is not necessary to originate the combusion; thirdly, that water, instead of extinguishing, increases the violence and activity of the combustion; fourthly, that these accidents occur oftener in winter than summer. The parts of the body not attacked are struck with sphacelus, and the residue of the combustion is composed of a fatty cinder and an unctuous suet, both of so fœtid an odour as to offend the sense of smell at a great distance. Respecting the theory of the combustion, our author observes, in reply to those who account for these accidents from the spirits drank by the party taking fire on the approach of a lighted substance, that having made experiments by mace-

rating flesh in alcohol for five months without being able to produce this effect, he is obliged to abandon this explanation.

The second hypothesis, supported by Dr. Mace and others, is, that hydrogen gas may possibly be developed in large quantities in various parts of the body, and set fire to either by an inflamed body or by spontaneous electricity. M. J. de Fontanelles was equally unable to produce this effect by direct experiment; and he concludes, from these circumstances, that all the theories hitherto presented on the subject are inadmissible. The above cases afford a marked line of distinction between the ordinary mode of combustion and that which took place in them; in fact, those parts of the body which are the least combustible, such as the liver, spleen, lungs, &c. were always consumed, whilst, on the contrary, the hair was never burnt. If we consider, says our author, first, that it requires a very large quantity of wood to burn a dead body, (so much that it would set fire to the house,) it is impossible that either hydrogen gas or alcohol, which do not set linen on fire, could produce that effect. Secondly, the products of animal combustion are a spongy carbon, very black, shining, and fœtid, and only being produced at a very high temperature, whilst the spontaneous combustion begins at a very low temperature, and does not destroy the most combustible parts; therefore it is not the effect of the combination of animal matters with the oxygen of the air. Finally, it is probable, that in certain individuals, especially females, there exists a particular diathesis, which, joined to the state of debility arising from age, an inactive life, and the abuse of spirituous liquors, is capable of giving rise to a spontaneous combustion; but we must not consider either the alcohol, the hydrogen, or a superabundance of fat, as the material causes of this accident. If alcohol has any thing to do with it, it can only be by tending to produce this degeneracy, which may engender new and highly combustible products, whose re-action may induce the burning of the body.—*Revue Medicale.*

DO NOT THE VARIOUS FLUIDS MIXED WITH BLOOD, PASS DURING LIFE FROM THE ARTERIES TO THE VEINS?

With a view to determine this question, Dr. Mayer performed the following experiments, and makes the accompanying observations:—

By means of the apparatus for injecting quicksilver, three drachms and a half of this fluid were thrown into the right jugular vein of a strong male rabbit. In four minutes the animal died convulsed. On inspection, the greatest part of the quicksilver was found mixed with the blood in the vena cava superior, the hepatic, and hypogastric veins. A few globules were found in the right ventricle, more in the pulmonary arteries, fewer in the pulmonary veins, very few in the left ventricle, a considerable number in the thoracic aorta, some in the coronary arteries of the heart, the abdominal aorta, the renal arteries, and even a few in the left cerebral artery. Next to the lungs, the liver contained most mercury.

Death probably arose, in this case, from paralysis of the heart, produced gradually by the pressure and weight of the mercury; for the greater portion of this heavy fluid regurgitated from the auricle into the vena cava inferior, only a small quantity reaching the ventricle. This experiment, however, clearly proves that the mercury passed through the capillaries, impelled by the contractile force of the ventricle—that is, from the pulmonary arteries to the pulmonary veins. The experiment was repeated several times, and with the same results.

As it might be objected to the above experiment, that the weight and pressure of the mercury had something to do with its passing by extraordinary ways, from the arteries to the veins, milk, as a light fluid, was selected for another experiment.

Cow's milk was thrown into the jugular vein of a rabbit, from three to four ounces being readily received and borne with impunity. If the animal is killed in a few minutes afterwards, not only is the blood in the right side of the heart found loaded with milk, but it is found in that of the cavities of the left side of the heart, of the aorta, and of the vena portæ. It is remarkable that, so long as the blood is fluid, almost no traces of milk can be distinguished even in the blood of the cavities of the right side of the heart, and that it gradually separates as the blood coagulates. If the animal is allowed to live for more than fifteen minutes, milk is less evidently

detected; and in an hour, not at all; the largest share of it, at least the serous part, being excreted with the urine, which, soon after the experiment, is frequently evacuated.

It may be observed, that dissection in these cases did not shew the spleen swollen and distended with blood loaded with milk, as might be inferred by those who suppose that the spleen takes up the chyle and lacteous-like fluids from the blood, and retains and hæmatises them.

It thus appears that there are open canals by which the blood and analogous fluid pass from the arterial to the venous system. The experiments succeed best when a little blood has been taken from the animal previous to their performance.—*Mayer in the Zeitschrift der Physiologie.*

POISONOUS LOBSTERS.

A cargo of lobsters being lately brought to Carlsham, 74 persons were seized with immediate sickness, with symptoms of mineral poison. Mr. Smith, Russian Vice-Consul, and two other persons, died. Search was made for the owner of the vessel who had brought them, but he had left, and is not known. A ship captain, who was brought up to the lobster fishing, and who resides at Carlsham, says, that when lobsters are to be sent to a distant part, it is usual to parboil them, and to strew each layer with salt and a little mercury, to keep them fresh. This seems to explain the mystery, into which the Crown Prince has ordered a strict investigation to be made, as several persons have been taken ill, and one died in a few hours at Christianstadt, where the master of the vessel sold the first part of his cargo.—*Hamburgh Paper.*

NOTICE.

Doses of Opium.—A note, bearing the signature "J. R.," has been handed to us, questioning the possibility of an infant taking four or five minims of laudanum in the course of a day (*i. e.* twenty-four hours), without being destroyed. We forwarded the substance of the note to the quarter alluded to, and were informed, in reply, that the doses stated were not given at hazard, but were the result of actual experience—the quantity mentioned having been administered to an infant, *in urgent circumstances*, with the apparent effect of saving its life: of course such circumstances are by no means common.

[The following Verses were sent to the Gazette some weeks ago, and the receipt was acknowledged in our Number of July 19th. At this time the Editor not being in London, the Verses were sent after him to one of the provincial towns, where, from accidental circumstances, the letter did not reach him. We think it right to explain to our Correspondent the reason of his communication not having been inserted before; and we trust he will be pleased to see that we have transplanted his Verses into the Journal in which it was his wish to have originally published them.]

VERSES addressed to Dr. HARRISON.

Fly, Harrison, fly; for thy laurels are faded;
Hie thee home to the geese in the Lincolnshire fen,
In the eye of thy brethren in science degraded;
Dare never to dub thyself doctor again!
Ill-judged, ill-advised, was thy blast of defiance,
Since the sequel is only disgrace and defeat;
On thy courage no more can we place our reliance,
Which could bluster and challenge, then sound a retreat.
Go, lay down thy pen, and wield only the lancet;
Drop the title thou *durst* not profess in the court;
Physicians will ne'er feel aggrieved by the transit,
And surgeons will pause ere they yield thee support.
If thou fearest to face, *turn thy back* on the college;
Thy patients (and friends?) *turn their backs* upon thee.
Let others *walk straight* to preferment and knowledge;
Seek thou, in *a serpentine form*, for a fee!
Yet still, if one spark of high spirit await thee,
Blush, blush for the verdict thy subterfuge gain'd;
Nor let the delusions of triumph elate thee,
Since *to rat* was the only resort that remained.
Fare thee well; for we pity thy abject condition;
Thy honour *distorted*, thy courage *supine*;
Since e'en Campbell for thee waves the rank of physician,
Still stick to thy craft, man; and *tinker the spine.*

ERRATUM.

In our answer to Mr. Watson's Letter, in our last Number, p. 280, *instead of* "referring to certain information, and in the information to be found at p. 34 of his work," &c. *read*, "referring to certain information at p. 34 of his work," &c.

W. Wilson, Printer, 57, Skinner-Street, London.

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SELECTIONS

FROM

LECTURES ON THE PRACTICE OF PHYSIC.

By W. F. Chambers, M.D. F.R.S.

Physician to St. George's Hospital.

[Continued from page 261.]

CONTINUED FEVER—CONTAGION.

The constitution of the air, then, is the usual cause of continued fever, and the disease itself is generally an endemic, and not a contagious disease. (I may as well observe here, once for all, that I use the word contagious as synonymous with the word infectious; and that I mean by a contagious or infectious complaint, one which is communicable from the patient to any one who approaches him, even without absolute contact.)

Contagion, however, is very generally, although now not universally, believed to be a fertile source of the disease of which we are speaking; and as this is a question of considerable moment, I think it best to lay before you a fair summary of the arguments which are usually urged on both sides, and afterwards to sum up the whole as impartially as I am able.

The case, then, may thus be stated. It is urged by those who conceive that continued fever arises from the constitution of the air alone, and not from the effluvium of a patient already suffering from the disease—1st, That continued fever—that is, a fever with very slight, and scarcely observable remissions—is, in some instances, indisputably produced by marsh miasmata; is prevalent in low districts at the same time with intermittents; is occasionally a sequela of intermittent fever; often itself passes into an intermittent or true remittent fever; is marked by the same symptoms as the disease which we have been in the habit of calling typhus, or contagious fever; and is curable by the same means exactly which are applicable to the treatment of that disease.

2dly, That it rages and subsides exactly as endemic diseases are observed to do; that it is not in fact perpetuated in such a way as to justify the suspicion of its being a contagious disease. If it were capable of extending itself from one person to another, they urge that it would be difficult to eject it from a house or a neighbourhood; but that so far from this being the case, it usually occurs in a single individual in a house, and then is extinguished; or if more than one in a house are attacked at once, or consecutively, it is, they think, plain enough that all those so attacked have been equally exposed to the same atmospheric constitution.

They say, moreover, that the cases in which fever has been apparently conveyed by a person who has it into a distant district, so as to excite the disease in that to which he has removed, are exceedingly rare indeed, and are, at all events, not decisive as to the question under discussion; because the same atmospheric constitutions prevail at the same time through very extensive tracts of country, to which, in fact, both the cases of disease may be attributed; although, at first sight, they may appear to have been conveyed by an individual who happens to have passed at that time from one place to the other.

3rdly, They urge that medical men receive no injury from repeatedly ap-

proaching, touching, and absolutely inhaling the very breath of persons labouring under the lowest, and what are called the most putrid varieties of continued fever. They say they are not satisfied with the explanation given of this fact by the believers in contagion; namely, either that the immunity of physicians, and other attendants who are exposed to the supposed contagion, arises from the accidental state of the attendants themselves, and their confidence of safety, which render them for the time insusceptible of the contagion; or else, that the habit of being exposed to it has hardened them against its influence; and they say that they had much rather believe that in the few instances in which there is a semblance of the communication of the disease from one individual to another, that the second has been exposed to the same exciting cause which produced the disease originally in the first, than that the multitude of persons who for a long time together are exposed to the effluvia of patients in fever, and yet escape the disease, should owe their immunity to any other cause than the non-contagiousness of the fever itself.

To this it is answered, by the contagionists, that cases of fever produced in the attendants of patients suffering under the disease, are very numerous; and they urge that even in our own time the medical officers and nurses of fever-houses and general hospitals, in which cases of fever have been numerous, have been largely infected by the disease, and that some of them have absolutely lost their lives in consequence.

To this it is replied by those who doubt the existence of contagion in these fevers, that their opponents, besides exaggerating exceedingly, in this instance also, the number of those who have been infected by the disease during their attendance at hospitals and fever-houses, seem to forget that the medical officers of such institutions for the most part inhabit the district from which their patients are supplied, not to mention that in some instances the hospitals themselves are built in situations calculated from their lowness and dampness to produce fever, and that under these circumstances it would be extraordinary indeed, if, even without any reference to contagion, some of the individuals in question inhabiting districts in which the disease is prevalent, or at any rate frequenting in the course of their daily occupations places capable of producing the disease, were not now and then attacked by it; and that out of the great number of attendants in hospitals, whether in the character of physicians, surgeons, pupils, or servants, the number so attacked is no larger than may be accounted for by supposing the disease to be endemic or epidemic, and not contagious.

Now, in the whole of this argument, what are the points on which the disputants join issue? What are the particular facts, on the explanation of which the whole question turns? How far do the supporters of the opposite sides of the question agree, and what are the points on which their respective opinions are directly opposed to each other?

Why, the following are the facts, upon the explanation of which, although these facts are themselves allowed to a certain extent, on both sides, the contagionists and the non-contagionists distinctly join issue.

The contagionists say, in the first place, that persons in the same house are sometimes consecutively attacked by the disease. The non-contagionists allow that this is the case; but they assert, that it is more likely to arise from the same miasma affecting all, than from contagion. Well, then, the next point which the contagionists urge is, that when persons who have sickened in one place are removed to another, the fever often breaks out subsequently in the place to which they have been removed. As to this fact also, both parties are agreed; but the non-contagionists say, that when this takes place, it is rather referrible to the accidental occurrence of the miasma in both places, just at the time of the accidental removal of the sick individual, than to the conveyance of the contagion in his person; and that, in fact, although these occurrences are mentioned as frequent, yet that few of them stand on good authority, and that those instances which appear to be authenticated, are not too numerous to be accounted for by the doctrine of chances, in seasons where the febrific constitution of the air is extended over large districts of country; which they state to be more frequently the case than their opponents imagine.

Thus it is that the question resolves

itself into this simple one:—Are the number of instances recorded, of an apparent communication of the disease by contagion, too numerous to be as reasonably supposed to arise from an epidemic constitution of air prevailing in different parts of the country between which there is free communication?

Now, in answer to this question, one party (the contagionists) assert, that they are too numerous to be accounted for by such an explanation; and the other (the non-contagionists) say that they are not so. And, on this head, there is no demonstrative evidence on either side.

There is another point on which the disputants on each side acquiesce to a certain extent, and then entirely disagree.

The non-contagionist says, that the negative evidence is all in his favour. He refers to the hundreds and thousands of individuals who, in attending, nursing, and feeding patients in fever, escape entirely from the disease, unless, indeed, they should happen to be exposed to the atmospheric miasma which produced it in the individuals on whom they are attending. In truth, on this point the contagionists agree with their opponents, for it is a fact too notorious to be doubted; but they say, in explanation of it, that, in ordinary cases, ventilation prevents the activity of the contagion, which requires to be highly concentrated, in order to exert its worst effects on the by-standers. To this the non-contagionists answer, that the immunity is much too general, especially in the many crowded and ill-ventilated situations in which it is observed to exist, to be accounted for in this way.

And here again there can be no demonstrative evidence on either side.

What, then, are we to say on the subject, after a due consideration of all these points?

The truth is, that it has happened, by some means or another, that the opinion of the non-contagionists has been of late unpopular, and considered almost heterodox amongst the more respectable part of the profession. This has partly arisen from the opposite opinion having taken deep root in the minds of medical men, who are naturally averse to a total change of doctrines in which they have been educated, and which they have long held as indisputable; and partly, perhaps, from the fact that the notion that fever is non-contagious has been lately taken up, and somewhat injudiciously argued by writers—some of whom have held, on other medical points, opinions of an extraordinary character. As, however, I have no fear that I shall be misunderstood here, I will not hesitate to avow (although I am quite open to any new impression on the subject, which other facts and a larger experience may produce) that, from what I have hitherto learned and seen, I am a non-contagionist, as far as this disease is concerned. At the same time, I am far from wishing to impugn either the good sense or candour of those who, in our present state of knowledge on the subject, hold an opposite opinion.

I will now endeavour to state to you, as shortly as I am able, the reasons that have led me to incline to this side of the question.

They are, first, that nothing that I have myself seen (and our own experience has always much influence on our minds, in such matters) is calculated to excite a suspicion, in my humble judgment, of the contagiousness of the disease in question; and, secondly, that it appears to me that there are many circumstances which tend to weaken the authenticity of the facts, and affect the soundness of the reasonings of the contagionists.

These two points I will briefly observe upon. First, with respect to our own experience. In private practice, it is undoubted that almost all the cases of fever which we are called on to treat, are single cases. In some few, very few instances, in which more than one case of fever has occurred in the same house, I have never had the slightest difficulty, or doubt, in tracing them all to the same miasmatic effluvium, or atmospheric constitution.

In public practice also (I mean in hospitals), we find that fevers of every degree of intensity are introduced into the wards of these institutions—(I suppose some hundreds are annually admitted into St. George's Hospital)—and yet there is no instance on record of the disease spreading amongst the other patients. How is this to be accounted for, on the supposition of the disease being contagious? Take, for instance, the cases of the boy Henry Glover and his brother John. The father

brought them to the hospital, and stated they were the only survivors, except himself, of a family of several children, who, with his wife, had all had fever, and all, except these two boys, had died of it Here, one would say, was a decisive instance of the ravages of contagious fever: but before we are satisfied to allow this, let us hear what the man said about the situation of the house in which he and his family lived. It was in a street behind Cadogan-Place, in Pimlico; close at its back, were the receptacles of the privies of the neighbouring street, which receptacles were rather above the level of his house: in front of his house, and close to it, also flowed the great common-sewer, about which so much has been said, as contaminating the Grand Junction Waterworks. Such being the level and collocation of the house, we need not look to contagion as the source of disease in his family, or be surprised at its ravages. These two boys, the last survivors, were brought into the hospital, from Pimlico, covered with petechiæ, and in every respect exhibiting the symptoms of what would have been formerly called a most putrid fever; and yet we saw these cases, now that they were removed from the source of their fever, mixed up, without any precaution whatever, with the other patients, attended by the nurses, and by the other patients, repeatedly visited by the physicians and many pupils, and yet communicating the disease to none of all these persons, many of whom were obviously predisposed, by exhausting disease, to imbibe contagion, if it existed. Now, even suppose any pupil, or any medical man, or any other individual who had been near these patients, had been then attacked by fever, which was not the case, would it be a proof that the disease was contagious, when a similar fever was to be found in every district, and almost in every street of this metropolis?

It is easy to say that the general immunity from disease in the attendants about cases of fever in the hospital, is to be attributed to the efficiency of the ventilation now in use: but the fact is, that at our hospital, I am sorry to say, the wards in the old building are, from their lowness and defective construction, very ill ventilated, particularly at night, and are then, from their closeness, often exceedingly offensive. Yet there is no ground for the suspicion of contagion, at any time, throughout the hospital.

It strikes me also, that the difference is very well marked between this state of things and the mode in which diseases which are unequivocally contagious (such as small-pox, scarlatina, and measles) are conveyed from one individual to another. A person who has not had these diseases cannot pass a child, who has even lately had the small-pox or measles, in the street—can scarcely come within sight of the disease—without imbibing its infection. Nay, more, if an individual has previously had the former disease, I mean the small-pox, yet, if he nurses a patient through an attack of it, he will sometimes be again attacked with it in a modified form himself. It is, in fact, a very rare thing, and an exception to the general rule, for any one who has not gone through these diseases to escape, after being exposed, however slightly, to their contagion. How different is it with respect to fever, to which multitudes can and do approach with perfect impunity; but if, by chance, any unfortunate person who has been living in the same house with, and exposed to the same effluvia, or atmospherical peculiarity, as a patient with fever, should himself be attacked by the disease, the generality of medical men, instead of looking to the state of the air as the cause of the disease in both, at once proclaim it to be a contagious malady; and would rather attribute it to any cause, however trivial, which may accord with their notions of contagion, than look for its source to the atmosphere itself, which, without doubt, is capable, under certain circumstances not exactly detected by analysis, of generating fevers of the fiercest character.

Now, with respect to the other point to which I promised to advert—I mean the circumstances which tend to throw a degree of suspicion upon the facts and reasonings of the contagionists—it is a truth that will not be doubted for a moment by those who are acquainted with the history, I mean the genealogy of disease, that the inhabitants of any place or country whatever have always been anxious to disclaim the origin of diseases themselves, and to attribute it to their neighbours. The history of syphilis is a well-known example of this. The bilious fever of America and the West Indies also exhibits a most strik-

ing instance of this propensity; as it was, for many years, attributed to foreign vessels, which were supposed to bring it to them from other countries, although, if an unprejudiced person had looked all over the world for situations best adapted to the production of the severest bilious fevers, he would at once have fixed on the uncleared swamps and morasses of those countries, as the most obvious sources of febrific miasmata: and yet, how many years of violent controversy did it require to eradicate so unfounded a prejudice as that which attributed this disease to foreign importation. You all know, Gentlemen, that no well-informed medical man believes in the contagiousness of yellow fever; although, if you peruse the controversy in question, no facts, or arguments, which can now be urged, to establish the contagiousness of typhus fever, can excel, in plausibility or force, those which were produced to prove that the bilious fevers of New York and Philadelphia owed their origin to contagion.

I could produce, if it were necessary, many other instances in which the inhabitants of unhealthy districts, even in our own country, have attempted to designate with the name of typhus fever diseases which have evidently arisen from the inherent vice of their soil. What I have said will, however, be sufficient for the purpose of explaining the position which we are considering, and will suffice also to shew, not only the abundance of perplexity in which the question is involved, but also the points which are to be first cleared up, before we have any right to dogmatise on the subject.

But although I have thought it my duty to give you my own impression respecting the question of the contagiousness of this disease, it is far from my wish to induce others hastily to adopt this view of the subject. I was brought up myself with strong prejudices in favour of the received opinion, and I have every day learned to entertain more and more doubts about its accuracy. I shall, however, be perfectly satisfied if my remarks induce you to investigate the question for yourselves, fairly and candidly; and I doubt not you will thus come to a right conclusion, whether the result accords with my views of the subject or not.

But to proceed. It is important to recollect, whichever opinion we adopt respecting the exciting cause of the disease, that the necessity for cleanliness, and free ventilation of the apartments of the sick, still remains equally imperative, as these are the most important aids to medical treatment in every kind of fever, whether contagious or simply epidemic.

In fact, if we can secure free ventilation, the danger of the extension of the disease to the attendants will, at any rate, actually vanish. If, on the other hand, the apartment in which the patient is lying be miserably foul and close, whichever opinion we adopt, there should be no hesitation in removing him to an airy hospital, even although he may immediately be mixed with other patients in any number.

In truth, perhaps, the cruelty of that opinion, which involves great horror of contagion, has been in no point more glaring than in the system which was often formerly adopted, as soon as a fever broke out in any district, of shutting up the inhabitants of the unfortunate place, (which might itself have been the true source of the disease) to die by hundreds together, without proper medical aid, and without any careful attendance.

A curious fact, in illustration of what I have been saying, is mentioned in Dr. Wilson's book on West India fever. He states, that in the month of October 1819, his Majesty's ship, Euryalus, anchored at Barbadoes, from Bermuda: she had a number of fever cases on board; and so strongly did the fear of contagion operate on the minds of men in power, that the hospitals were shut against the sick of the ship, and it was intended to put the vessel in quarantine; to avoid which she put to sea. The sickness increased, and she put into the Danish Island of St Thomas's, the governor of which gave orders for the immediate reception of the sick in the hospital. Seven were first landed, and numbers afterwards; they were humanely treated by the Danish physicians, and most of them recovered without having communicated the disease to a single person on shore.

But this mode of proceeding, whatever may be our opinion on the subject of contagion, is fortunately unnecessary, and, generally considered, unjustifiable in this country at least.

In order to simplify the question

which we have just considered, I have thought it best to conclude it completely before we touched upon a modification of the doctrine of contagion which is held by a few amongst professional men; namely, that although these fevers may arise from some endemic or miasmatic influence, yet under certain circumstances they may become contagious, and then spread, ad infinitum, without the assistance of the original exciting cause. For instance, that the swamp fever of Holland may, from being an endemic disease, become a contagious one; that is, that the human body is capable, after a time, and under certain circumstances, of exhaling the true marsh-miasma, which, after so much investigation, has been pretty well proved to arise from the putrefaction of vegetable matter, in conjunction with water; for without that supposition it is very difficult to conceive the process possible.

Dr. Bancroft says, in speaking of this subject, "that he would as soon believe in the exploded doctrine of equivocal generation as in this." And again, in another place on the subject, he says, "it is absolutely incredible that any inanimate matters, even those secreted by living animals in disease, should, by any natural or artificial decomposition, be enabled, like living animals and vegetables, to assimilate other matters to their own nature, and then multiply and perpetuate disease, except when they have been themselves produced by contagion."

There is one other modification of the opinion just mentioned, which I will very shortly allude to; I mean the doctrine of the contaminatists; which is, that a miasmatic or atmospheric fever, under circumstances of closeness, will emit a concentrated effluvium, capable of infecting, with the same disease, those exposed to it; but that the individuals thus infected will be incapable of spreading the disease farther unless they should, in their turn, be placed in circumstances favourable to the concentration of the exhaled effluvia.

Now, as to this opinion, it is obvious that the objections to the doctrine just now mentioned apply with equal force to this. I conceive, however, that the mistake here has arisen from the following circumstance. It is true that persons who are attending the sick, under fever, or any other severe disease, especially in an ill-ventilated apartment, have present with them one of the most marked accessory causes of fever; and if, under these circumstances, they are exposed, which they are very likely to be, to the febrific atmosphere, which is generally spread over a great part of the town or district in which fevers are prevalent, however modified and diluted, they will be much more apt than others to fall ill with the same disease as those with whom they have been lately associated.

Without the assistance of the exciting cause, however, I cannot bring myself to believe that they run any risk of imbibing a disease not originally derived from specific contagion.

FOMITES.

We must not dispatch the subject of contagion without remarking on the supposed sources of continued fever, which are called fomites. The latin word *fomes* means any thing which keeps a fire in—which gives it food or nutriment.

So, in one sense of the word, these fomites are supposed to preserve within themselves, for almost any length of time, the flame or contagion of typhus fever, and to have the power of giving the disease to those who may touch or come near them.

What, then, are the substances which are alledged to have this power of retaining and communicating the disease which we are now considering? Various writers have fixed on various articles as capable of acting the part of fomites. One of these authors has shortly enumerated them thus: he says they may be either hard or soft—they may be the walls or the wainscotting of the room—they may be the bedstead or bed-clothes. Any furniture in the house, any wearing apparel, not only of persons susceptible of, or who had suffered from the disease, but even though the person was incapable of receiving the contagion himself, his clothes may communicate it to others. All these, he says, are the articles which we are chiefly to be on our guard against. From this list it does not appear that there are many articles left about which we are to be less apprehensive.

I recollect that the late Dr. Jas. Gre-

gory, of Edinburgh, was in the habit of telling a story in his lectures of this kind, to show the activity of fomites in producing the disease about which we are speaking. He said, that when fever was prevalent at Edinburgh some years ago, an individual was seized with it in common with many of his neighbours; but as he had carefully avoided any communication with the sick, he was at a loss to account for his being attacked by it; at last he recollected that some time previously he had been walking along the street, and kicked up some chaff or saw-dust, which it was alledged had been swept out of some house where there was fever; a fact by no means improbable, because the disease was in almost every street of the town.

Now the doctrine of the Edinburgh school at that time (and I believe that even to this moment it continues the same) was strongly on the side of the exclusively contagious origin of typhus fever, and the teachers were in the habit of explaining the fact that so many individuals had constant intercourse with the sick without catching the disease, by saying that this immunity depended on the innocency of the contagion itself, except in confined situations, where it was highly concentrated. But it is not easy to explain how they could consistently look to such a circumstance as this, acting on a person in health in the open air, as the cause of his subsequent illness. I confess my disposition is to explain the whole story in a very different manner. I mean by believing that the undrained state of the city itself, and the then swampy condition of the low ground which divides the new and old town, and is now kept in high order, was quite a sufficient source of fever in certain states of the weather; and was, in fact, a more likely cause of the illness of this individual, in common with his fellow-citizens, than the saw-dust just mentioned, which, even if charged with the contagion of fever, must have been tolerably ventilated in its passage from the house into the gutter, and during the time that it had probably lain there.

[To be continued.]

COMMENTS ON CORPULENCY.

By William Wadd, Esq. F.L.S.

(Continued from Vol. I. page 788.)

We have now to illustrate the preliminary remarks: this will be best effected by extracts from the communications of correspondents. The first extract is from a very sensible, well-informed, studious friend. He gives a succinct account of his feelings, which present an outline, or sketch, of which every practitioner in the metropolis could produce a duplicate, and of which every respectable medical man could furnish a more highly-finished portrait than this, and those which follow it. Be it so: I shall present my collection, as I would portraits of another description, feeling that those who could give a better delineation and colouring of the facts of my portfolio, are the persons who will receive, with the greatest latitude, this attempt at pourtraying characters, which, from their very nature, approach to caricature.

CASES.

Monstro, quod ipse tibi possis dare.—*Juvenal.*

Case I.—*Extract of a Letter from ——, Esq.*

"You have long known that I experienced much inconvenience from that *embonpoint* appearance, for which the weak and ignorant are so apt to congratulate and flatter a person. Inactivity, somnolency, depression of spirits, great nervousness, as it is popularly called, but, above all, an unwillingness, or rather inaptitude for long-continued study, were symptoms of disease which I found very much increase; and from all the attention I was able to give to the subject,—from what I had heard and read—but, above all, from its coinciding with your opinion, I was at last perfectly confident that these symptoms principally arose from a too great accumulation of fat. It was not difficult for me to account for this accumulation, even supposing there was no natural tendency to it in my constitution. From earliest childhood I was more inclined to read than to play, and when at school, though not wanting mental activity, and possessing considerable boldness of spirits, I was averse, and of course totally

unskilled, in all boyish amusements, as cricket, trapball, &c. This partly arose from my being at that period in a bad state of health, but chiefly from having early received the strongest impetus towards the attainments of knowledge, and the ambition connected with it.

"Sedentary occupations engrossed my whole time; nor did I relax from my temperate habits, which approached to ascetic severity, till I became a student of the Temple, when I was led to indulge in all the luxuries of the age, though never in the least remitting every attention to literary attainments. Possessing, at the same time, strong powers of digestion, and being particularly partial to the most succulent aliment, as sugar, butter, milk, &c. it is easy to foresee the consequence; I became extremely corpulent.

"I had approached my thirtieth year, however, before I experienced any great inconvenience from my increasing bulk. Since that period I have suffered much, and at intervals have made some attempts to reduce it, but they were feeble, and not continued for any length of time. In fact, my mind was in a state of indecision on the subject, arising, like all other indecision, from the want of clear and distinct ideas, and the consequent conviction. The comparative advantage of animal or vegetable food to the general constitution of man, or to particular habits, is (strange to tell!) not yet ascertained. By far the greater part of the medical tribe are satisfied with attending only to actual disease, as being the only source of profit, while the preventive part, though far the most important, but, as furnishing no emolument, is generally disregarded." From this general philippic, however, he exempted Brown, Darwin, and Beddoes, whose theories he was well acquainted with, and whom he was pleased to say, stood as 'noble columns in the dreary waste.'

"Here, then, was my difficulty,—I was very nervous. This arose from debility, from a want of vigour in the system. Animal food (the durable stimulant of Brown) communicates greatest strength. I tried animal food for a month, without any mixture of vegetable, eating very hearty, and drinking pretty freely, but not to great excess. All my complaints increased, my nervousness in particular. It was natural then to inquire, whether this nervousness was not caused, or at least increased, by the weakness and other effects arising from my corpulence.

"I determined, then, to make trial, at least, of a vegetable diet, which I did (with two or three exceptions) for six weeks. I did not, in any respect, stint myself at first; I generally drank ale, sometimes brandy and water at my meals. I found a pint of ale at night necessary to sleep, sometimes with onions, sometimes without. I became much lighter, more inclined to continual mental exertion, but did not, in the course of a *month*, become in *the least degree thinner*. I reduced my quantity both of eating and drinking, and in a *week* was evidently *much thinner*, but found myself very feeble and little capable of exercise. I attributed this, however, to the mere effect of *change*, and as I found my spirits good, determined to persevere. I did so for another week; my debility increased, and I was attacked by a violent *diarrhœa*, which, I should observe, was at that time (August) very prevalent. It left me extremely low, and I felt much dread at returning to a vegetable diet, and I returned to my usual course of living. My complaints again returned; I was soon fatter, had bad nights, was lethargic, and felt generally uneasy and unfit for any usual exercise of body or mind."

Observations.—The variation in this gentleman's health, from an alternate change in his regimen, was of a very decided character; and so long as he was *temperate*, he was free from the various evils that tormented him, which, the reader will easily discover, were allied to what are familiarly termed the *'blue devils.'* But he was of too sanguine a temperament to be temperate; he was intemperate in fasting as well as in feasting; and he adopted and put in practice the theory of the day with the zeal of an enthusiastic partisan. As he grew older he became more decided in his personal dietetical experiments.

I have many letters of a similar nature, at different periods, in which he discusses the subject of health, all of which demonstrate, like the man in the Spectator, he was constantly destroying what he was most anxious to preserve. He read himself into one complaint, which he cured by reading himself into

another. At one time he would only take food once a-day; this was altered to the other extreme, eating little and often; and then he provided himself gingerbread-nuts and biscuits. For three weeks the hour of dining was regulated, not by the clock, but the state of the stomach; the dinner was to be served at any hour from noon till midnight, when the gastric juices were ready. At another period he instituted a scheme of rules by which every thing was regulated by weight, and though he did not follow them with the minuteness of Sanctorius, they evince much zeal and perseverance.

By a journal he kept during the summer of 1816, he was successful in his attempts to reduce his bulk. This is applicable to our subject. It records—

"June 10. Weighed 16st. 10oz.
June 31. Weighed 16st. 1oz.

"During these 21 days the diet chiefly vegetables, milk, and tea.

"July 7. Weighed 16st.
July 21. Weighed 14st. 11lbs.
July 30. Weighed 14st. 4lbs."

At this period he became ill, having been seduced from his plans by an accidental debauch when in a state least fitted for it. He confesses, in a note, that he rewarded his resolution by a violent outrage on his stomach, eating all kinds of improper things, and suffering accordingly. From the manner in which he apostrophises a French pie it appears to have distributed indigestion to the whole party of convivials who led him astray.

Two months elapsed before he resumed his plans. In the meantime he had increased a few pounds. At the end of September he resumed his course of vegetable diet. He begins his journal with a pithy observation from his favourite, Dr. Beddoes:—"No one should be content with his stomach till it has recovered that power of digesting vegetables which it possessed in the light and joyous spring of life, and which it retains to old age when uninjured by accident or imprudence."

"September	5. Weighed	14st.	12lb.
September	19. ...	14	8
October	20. ...	14	3
November	5. ...	14	1
November	21. ...	13	11"

Here the journal is continued, but so intermixed with personal reflections, that it assumes the detail of hypochondriacal thoughts and feelings, and is a very interesting document—but it ceases to be applicable to the points in question, and only gives us a notion of some of the phantasies of "a mind diseased."

Case II.—*From a fat Sportsman.*

"Having had some conversation with you upon the subject before, and hearing that you have made it a matter of study, I am desirous of inquiring your opinion further as to the safety and treatment by which weight may be diminished by *medicine.*

"I am growing heavier and fatter than I wish to be, (my ordinary weight a few years ago was fifteen stone, and I am now increased to nineteen). The exercise I take does not prevent it at all. *I should not quite like to be put on a regimen of abstinence*, but upon some system which, with moderate living, might gradually bring me back to about my old standard. All this time I am quite well, and should have little to complain of were I not fond of sports which I pursued with greater convenience when I was thinner, and did I not observe that persons inclined to increase in size lose their activity rather too soon in life."

Observations.—This gentleman was an ardent sportsman, took excessive exercise, went through great exertion every morning, and in the afternoon rewarded his virtuous labours by eating, drinking, and sleeping—the fatigue of his sporting pleasures being previously sustained by an occasional draught of stout ale. He did me the favour of a visit, when I found, as he had stated, that he was in excellent health, but his size interfered with his plans,—"he could not get through the woods so easily as he used to do," and "it was not so easy as formerly to find a horse to carry him." "Now what do you recommend me to do?"—"Keep your eyes open, and your mouth shut."—"Poh! Nonsense! that won't do for me—give me *something to take:* have you no pills?' The same question has been so often repeated to some very able practitioners, that, with Molière's doctor, they answer,—"Prenez des pillules, Prenez des pillules."

The pills this gentleman was in search of were to counteract the effects of a dose of strong ale, two gallons a-day being his moderate allowance. As he was not only a merry fellow but a scholar, I gave him the opinion of an old poet on the subject of ale:—

——— Nil spissius illa,
Dum bibitur, nil clarius dum mingitur, inde
Constat, quod multas fæces in corpore linquat.

He laughed, and replied with great good humour, "I see how it is—if I am *ale*-ing all day, it follows of course, I must be *ail*-ing all night. Egad! I can't help it; I should die without it, and I had rather die with it."

It is incredible the quantity of malt liquor that some men swallow—to the amount of many gallons. The Welsh are great consumers of ale, and it is recorded of a Welsh 'squire, Wm. Lewis, who died in 1793, that he drank *eight gallons* of ale per diem, and weighed forty stone; which, for the reasons stated in the Latin verses, is not improbable.

This *Vinum Britannicum*, borrowed from the Egyptians, was originally patronised by the Welsh, and has subsequently been considered the natural beverage of Englishmen. I have known some honest Cambrians who, like Boniface, "ate it and drank it," and would continue drinking it under constitutional derangements that would have killed an ordinary man.

"Nothing will stay on my stomach," said an old toper, "but beef-steaks and Hodgson's ale!—What do you think of my stomach, eh doctor?"—"Why I think your stomach a very sensible stomach," was the equivocal reply.

CASE III.—*From a Country Practitioner.*

"I should before have replied to your letter of the 31st ult. had I not been waiting to see the person whose case I am about to give you: this I did yesterday, and, although the reduction is not so great as I had previously supposed, yet the particulars may not be irrelevant."

He then proceeds to give a long history, almost amounting to the birth, parentage, and education, of a man five feet high—twenty-seven years of age—weighing twenty-three stone; and enters into a detail of his plans for reducing his bulk, the short abstract of which is, that

June 17, 1820, the weight of this person was, as stated	23st.	2lbs.
July 27	21	10
September 10	20	7
October 10	19	3
November 10	18	11
December 10	18	4
..... 25	18	1

being a reduction of five stone one pound.

"I have always found it very difficult to get corpulent persons to give up those habits which lead to obesity; they are, for the most part, great lovers of the table, and not easily induced to forego the pleasures of it. On returning home, after some years' absence, I passed a man in the street without knowing him, although I had previously been well acquainted with him. He had, from being as corpulent a person as I ever saw, become altogether as thin. Upon inquiring what disease had wrought this effect on him, I found he had been in perfect health, and continued so, but sheer poverty had laid its hand on him, and, by depriving him of his usual good cheer, produced the change."

OBSERVATIONS.—There are many instances on record of persons being cured of obesity by accidental circumstances, very disagreeable in themselves, but very salutary in their results: and many very extraordinary cases are related in ancient authors bordering on the miraculous, but given with a confidence that should awaken our attention, if they do not entirely overcome our incredulity. Of these, in Schenk's collection, is an account of Francis Pechi, a great sufferer from the accumulated mischiefs of good living, who was accidentally imprisoned. In the year 1556, after a lapse of twenty years, he was found by the French, who took the citadel he was confined in, to be alive and well, and, moreover, cured of all his complaints, and he walked through the city with his sword by his side, without the aid of a stick. Dr. Berwick notices a similar case of his brother, who was confined in the Tower many years, during the usurpation.

Tippoo Saib kept some English prisoners on bread and water. Notwithstanding this hard fare, on their release and return to Calcutta, they found themselves in better health, and some

of them cured of liver complaints, while others of their more *fortunate* friends had died in the interim.

The anecdote told by Colley Cibber, of Romeo's Apothecary, and the case of the Brewer's Servant, mentioned in "Remarks on Corpulency," are of the same kind; and many cases similar to these must have occurred in the experience of every man who has lived long and much in the world.

Case IV.

A gentleman called upon me one day, who, as soon as he entered, I felt myself involuntarily exclaiming, "Voilà, mon oncle! un petit homme haut de trois pieds et demi, extraordinairement gros, avec une tête enforcée entre les deux épaules,"—but more, he was the very epitome of good nature and good living—the breathing personification of enjoyment—the moral type of merry-making. As soon as he could, he informed me that he was a Norfolk gentleman (dumpling, he might have said), passing through London to Devonshire for milder air, being troubled with "*shortness of breath.*" He did not call to consult me about that, but just to known if I had any *specific* to cure corpulency. Seeing that he was truly, according to Shakspeare's notion, "fat and scant of breath," I suggested Radcliffe's remedy; but he spurned such advice—he wanted a *specific*. I assured him I knew of none, when, with a look of good-humoured incredulity, he put into my hand the following notice:—

"*To the Corpulent.*—Nothing, it is universally admitted, can be more ungraceful and unsightly than a fat habit of body. It causes a man to look like a beef-eater, and gives to the whole person an air of extreme vulgarity. For this reason a medical gentleman of the first eminence has, for a series of years, directed his study to the discovery of a remedy against this disagreeable complaint; nor have his long and laborious researches been without success, insomuch that he has now the satisfaction of announcing to the public that he has discovered a certain specific, which will not only reduce the most corpulent person to a graceful and slender habit, but effectually prevent all those who take it from ever becoming fat, were they even to belong to the Court of Aldermen, or to be constant attendants at vestry-dinners. The proprietor pledges himself to the nobility and gentry that his said remedy is so perfectly safe and harmless that even a child at the breast may take it. To be had in bottles, only ten shillings each, duty included, at a *Fancy shop, Bare-bone passage.*"

Simplicity of character has been considered as a most amiable and enviable quality, and this man was the most striking personification of it I ever met with. We may presume it was the characteristic of his family, for he was seeking the *specific* by the advice of his *maiden sister!* who was "*counted*" *rather clever.*

The positive conviction that the whole was a joke seemed to disappoint him, for he expected that with the specific in his pocket, he was to live *ad libitum;* and his worthy sister no doubt intended to do wondrous works by such a powerful addition to her store of recipes.

Case V.—*Extract of a Letter from a facetious Medical Friend.*

"Our fat landlord's occupation is no more! he died suffocated with his own fat; and his disconsolate widow, who has been blessed with *four* doating husbands, is now in fine feather for another.

"Poor fellow! he wished to live, but he said 'the devil was in his stomach,' and truly a devil of a stomach he had. Preaching abstinence was in vain. His wife, worthy woman, knew his stomach as well as himself; she was constantly crying, 'he will die if he be not well nourished,' while he emphatically echoed, 'he knew his own inside.' So they cooked the matter between them, and a fine hash they made of it. He had no objection to physic: to do him justice, his stomach was more exigeant than nice, and when absolute necessity required the iron restraints of maigre, his kind wife always took care to slip a lump of butter and a glass of brandy into his gruel. But enough of the Red Lion.

"We have some jolly dames in this neighbourhood, tolerable specimens of what you call 'obesity,' but none of the dimensions of Park's African princesses, where no beauty aspires to royal observation without having first weighed down a moderate-sized camel.

"With respect to fat gentlemen, I beg to introduce myself—my height is five feet three inches, and I weigh seven-

teen stone, and I am ready to sit for my picture in any attitude you think most favourable for giving full effect to my 'omental rotundity.'

"But to be serious,—have we not corpulency with little fat, and fat deposited several inches on the abdominal muscles, especially without distended viscera?

"Obesity, I conceive, may be a healthy or a diseased deposite; healthy, when a superabundant nutrition is taken up by the absorbent vessels, and when all the secretions of the body are perfectly performed; diseased, when a lethargic state of brain induces this accumulation, to the hindrance of muscular action, giving a bloated and plethoric character to the whole outline of the body.

"It is a healthy deposite in an animal feeding on grass, and rambling at large; it becomes a diseased one in animals tied to a rack and fed upon oil-cake; and it appears to me, too, that this disposition to sleep upon a distended stomach, is the great promoter of the evil, as I am credibly informed by a gentleman in this neighbourhood, who formerly fattened bullocks, that all those animals who became restless and would not sleep, were invariably turned loose again as unprofitable subjects."

Quarterly Journal of Science,
July 1828.

[To be continued.]

ACIDS OF THE STOMACH.

Some further Remarks on Messrs. Tiedemann and Gmelin's Observations on the Acids of the Stomach.

By Wm. Prout, M.D. F.R.S.

The observations of Messrs. Tiedemann and Gmelin on my paper published in the last Number of the Philosophical Magazine and Annals, seem to me to be intelligible only on the two following assumptions. First, that the method employed was adopted at random and without any preliminary enquiry, and was intended to include every possible case; and secondly, that on the faith of this random method, *I denied generally and under all circumstances*, the existence of every other acid except the muriatic acid, in the stomachs of animals. Now whether these assumptions can be fairly drawn from my paper, I, as an interested individual, can scarcely, perhaps, be admitted as competent to decide; but I can truly say at least, that I never intended that such inferences should be drawn, nor was aware that any thing had been stated to authorize them.

With respect to the first of these assumptions it may be said, that the nature of the gastric fluids, and especially the acid, had occasionally occupied my particular attention for many years, and that during the summer before my paper was published I had set about the inquiry in earnest, and with the determination, if possible, of putting the matter at rest. With this view a number of animals were fed in various ways, that is to say, on substances both natural and unnatural to them, and the contents of their stomachs subjected to analysis. The examination was conducted in the most rigorous manner, and varied in every possible way that I could devise; and up to the period at which my paper was sent to the Royal Society I completely satisfied myself that in every instance the acid present was the muriatic acid and no other, at least in any appreciable quantity. Now it was in the knowledge thus previously acquired, and not at random, that the method proposed was founded; and among a variety that were tried the one in question was ultimately chosen as comprehending every point that had then occurred to me. If it be objected that these preliminary experiments ought to have been given, I can only say that I did not at the time think this necessary, nor do I now. The muriatic acid was not a new substance, nor one difficult to be identified: besides, such a preliminary inquiry seemed to be sufficiently indicated by the method proposed, for who would ever think of proposing a formal method of analysis, involving the *quantities* of substances, without determining beforehand what those substances were? Further, my paper was intended to be little more than a simple announcement of an important fact, which, before it could be established, I well knew must be corroborated by other experience than mine; and lastly, something must be ascribed to a sort of innate antipathy to long-winded disser-

tations, which is too apt to cause me to err on the side of brevity.

Messrs. T. and G. observe, that considering my method quite perfect, I infer from it the absence of all other acids, except that of the muriatic acids in the gastric fluids. To this I answer, that under the circumstances to which it was applied I considered it then, and do still, as quite perfect: and as the residuum after combustion could not have been neutral if the acid had been of a destructible nature, because the quantity of potash required to saturate the free acid was more than sufficient to decompose the whole of the muriate of ammonia present,—the argument even in this point of view was strictly correct, though acknowledged to be imperfect if applied generally*. This argument was given because it was the only one bearing on the point in question that was strictly deducible from the method employed; and more could not have been well said without destroying the unity of my design, and entering on details which, for the reasons above stated, I concluded would have been taken for granted.

With respect to the second assumption, namely, that I denied generally, and under all circumstances, the existence of every other acid in the stomachs of animals except the muriatic acid,—I can only say, that nothing was further from my intention. On the contrary, I distinctly alluded to the "occasional presence of other acids in the stomach," taking it for granted that such an occurrence must sometimes happen. What I did assert, and what I again assert is, that in the cases related, and in all others in which a rigorous examination was instituted up to the period mentioned, no other acid did occur in any appreciable quantity; and I acknowledge that in consequence of this experience I was induced to conclude that the presence of other acids was comparatively of rare occurrence, and my subsequent experience decidedly favours this conclusion. I have already said, that since my paper was read before the Royal Society I have occasionally, by means precisely similar to those formerly employed, detected the presence of combustible acids in the stomach, and have expressed a belief that these acids were probably derived from the food; and in several of the instances I have no doubt this was the case. I wish, however, by no means to be understood to deny that the stomach occasionally secretes a combustible acid in a free state*, though I think it more frequently happens that some salt containing a combustible acid, *e. g.* the acetate of soda, is actually secreted; and that this, by being decomposed by the free muriatic acid, gives origin to the *apparent* presence of free acetic acid.

In conclusion, it may be observed that, during the long period that my attention has been turned to this interesting subject, a great many curious and most important facts have come to my knowledge; in some of these I have been anticipated by Messrs. T. and G.; while others appear to have escaped their observation, or probably did not occur to them. But when I make this

* Messrs. T. and G. will, I trust, give me credit when I assert that I was perfectly aware of all the chemical objections they have raised, and many more to the same effect; and never should have thought of applying the method in question in a new case when the nature of the acid was unknown, and particularly in the case of a destructible acid in conjunction with the muriate of ammonia. The fact was, that I detected free muriatic acid in a fluid ejected from the human stomach so long ago as 1820, but then thought that its presence was accidental, or that by some means or other I had deceived myself; and when I commenced the experiments in question, I was actually prejudiced in favour of a destructible acid, viz. the *lactic* acid of Berzelius (though the distinct nature of this acid always, I confess, appeared to me to be somewhat problematical). In consequence of this prejudice, therefore, the inquiry was conducted in a much more rigorous and elaborate manner than it probably otherwise would have been; and after a series of the most complete evidence that perhaps was ever brought to bear on a chemical point, I was obliged to conclude, in opposition to my preconceived notion, that the acid was the muriatic and no other. On reflecting, however, on this most unexpected fact, I soon saw its importance, and that, in short, it was one of those leading facts that opens up an entire new field of inquiry. So satisfied indeed was I of this, that a work on the digestive functions, in which I had been long engaged, and which I had actually begun to print, was suppressed; and since that time I have been engaged in an entire new field of research, which I fear will yet occupy me for several years to come.

* Within the last few months I have seen a very remarkable case of disease, where the acetic acid seemed to be formed, not only by the stomach, but the salivary glands, &c. in great abundance. In this case the breath of the patient smelt strongly of vinegar; the saliva and fluids occasionally ejected from the stomach contained also the same acid in abundance, as apparently did the perspirable fluid; for the whole body exhaled a strong odour somewhat like sour milk: during this time the urine was strongly alkalescent. In another anomalous case I have seen the blood itself strongly acid; the acid was of a combustible nature, but from peculiar circumstances it was not satisfactorily proved to be vinegar, though this was probably the case.

statement I wish it to be distinctly understood that I am very far from accusing these gentlemen of chemical ignorance because they failed to point out what probably was not present in the substances they examined, or of charging them with denying, generally, the existence of every thing else that did not happen to fall within the limits of their own observation;—charges which these gentlemen, from not sufficiently attending to the general character of my brief announcement, have inadvertently brought against me under very similar circumstances.

Phil. Mag. and Annals,
Aug. 1828.

OBSERVATIONS ON CATARACT.

By M. Dupuytren.

M. Dupuytren has recently made some comparative trials of the two methods of operating for cataract; namely, by depression and extraction. Of these we shall take an opportunity in a future number of giving some account; at present we purpose laying before our readers some general observations on the subject, taken from the *Clinique des Hôpitaux*.

Before undertaking to operate for cataract, M. Dupuytren enjoins the minutest inquiry into the general state of the patient, with particular reference to any concomitant diseases. The conditions which he regards as frequently contra-indicating the operation, or at least pointing out the necessity of delay, are, rheumatism, pulmonary catarrh, and derangement of the stomach or bowels; constipation, hemorrhoids, shingles, and many other diseases, may, he thinks, give rise to mischief in the eye, already irritated by the operation. If, for example, rheumatism be present, the operation may produce its metastasis to the head; the eye and its appendages then become painful, and ophthalmia is excited, which often proves extremely severe. Whether this phenomenon is to be attributed to the rheumatism or to irritation, is of little importance; the fact remains the same, that it is not prudent to operate in such cases, experience having shewn the evils which result from so doing. It is necessary, then, in the first place to attack the rheumatism, and if it is determined to operate, while some degree of pain still continues, it is prudent to apply a blister to some part at a distance from the head. If pulmonary catarrh be present, besides the injurious effect of the cough on the circulation of the head, we should fear, if the operation of depression had been performed, lest the cataract should resume its former place in consequence of the succussions communicated to the head during the paroxysms of coughing. If there be any affection of the stomach, not only have we to dread the same mechanical inconveniences which result from the cough, and which in this case may be produced by vomiting; but, also all those complications, which must necessarily result from the sympathy between the stomach and the eyes, since there are some affections of these which depend entirely upon derangement of the digestive organs; and, moreover, if the operation has been performed during the existence of disease of the stomach, even although but slight, it is requisite always to place the patient during a longer period on regulated diet, and the difficulty of accomplishing this, either with children or persons advanced in life, is well known: indeed, with respect to these last, low diet is not always free from danger. In some persons it produces a nauseous odour, perceptible to the smell when the curtains are opened: it also causes loss of appetite, the tongue becoming at the same time large, pale, and loaded.

The presence of diarrhœa obliges the patient to get up frequently, and thence arise displacements of the cataract. Constipation may have many of the disadvantages which attend cough, and may occasion sympathetic effects besides. The presence of bleeding hemorrhoids contra-indicates the operation; and although it may be practised when the flux ceases, still we must, under such circumstances, always be on our guard against congestion about the head, and combat the slightest symptoms of this by the application of leeches to the anus. When the patient has any herpetic eruption, the operation may determine the eye as the seat of irritation, thus giving rise to serious disease of the organ.

After having combated the diseases with which cataract may be complicated, (all of which M. Dupuytren states that he is far from having enumerated), there remains for us to

choose between the two methods of operating; for nothing can be less rational than to adopt either universally, and without reference to the circumstances of the individual case. In surgery, as in medicine, the same methods of treatment cannot always be adopted in order to accomplish the same end: thus in cataract, the age of the subject, the form and size of the eye and its appendages, and various other circumstances, may compel the surgeon to have recourse to one form of operation in preference to the other. With regard to age, if we consider the state of the absorbent function, it will be apparent that we should prefer depression in children, and extraction in elderly people. In the former, the vital functions are in all their energy—composition and decomposition are performed with astonishing rapidity—the absorption of the chystallin commences almost the moment that it is detached; besides which, it is never so hard at this period of life as in old age, and thus is less disposed to resist the powers of absorption. In old people again, the acts of composition and decomposition are sluggish; absorption, in particular, appears to have lost its energy, and the chystallin is of remarkable hardness, and, of course, more slowly acted upon by the absorbents. M. Dupuytren states that he has known the lens perfectly untouched, although displaced for more than two years in elderly persons, who had died of complaints unconnected with the cataract.

There are yet other considerations besides those above mentioned which are in favour of depression in children. They are rarely so docile as to refrain from all movement or struggling during the operation, a circumstance which renders extraction difficult, and which may cause the escape of the vitreous humor. In old persons the eye is deeply imbedded in the orbit, in consequence of the absorption of the adipose substance from the bottom of the cavity: under these circumstances extraction is extremely difficult. Besides, we meet with individuals of all ages in whom, from some preternatural movement or conformation of the ball of the eye, this last method is rendered inexpedient; and without speaking of those who have the eye constantly in a state of agitation, from rapid and convulsive movement, it is a general observation, that as often as an individual is deprived of sight for some time, he seems, with the habit of seeing, also to have lost the faculty of fixing the eye, the motions of the globe not being under the control of volition—a circumstance which much increases the difficulty of extraction.

After these general and comparative remarks on the choice of the two methods, M. Dupuytren described the manner of operating in both. According to him, two instruments suffice; for extraction the knife of Richter—for depression the needle of Scarpa, modified. Richter's knife appears to him preferable to that of Lafaye, because it acts principally by *sawing*, while the other acts rather by *pressure*. The methods themselves are too well known to require description, and we shall only draw the attention of our readers to one point in the operation of depression which M. Dupuytren has illustrated. Scarpa was originally of opinion that all cataracts ought to be broken down. It will easily be seen how much the illustrious Italian was in error, if we consider that, in order to offer a sufficient resistance to the needle, the chystallin would require to be of much more considerable size. On the other hand, the cataract is fixed by bands of the utmost fragility. The parts against which the needle is carried offer much less resistance than the vitreous humor; and if, along with the softness of this last, we take into consideration the difficulty with which some cataracts are broken between the fingers even after their extraction, we cannot but be surprised at the opinion of Scarpa. There are, however, some cataracts which ought to be broken, and which, indeed, it is impossible to depress. Such are those, the cohesion of which presents no resistance to the instrument. After the operation, we ought to be on our guard against determination of blood to the head. In young subjects, the most active antiphlogistics ought to be employed; but in older persons, and where the temperament is not sanguine, these measures ought to be used with moderation. A simple white bandage, with a green or black one over it, suffices to cover the eyes. It is useless, and even hurtful, to apply charpie, which tends to increase the danger of ophthalmia; and from

the pressure necessary to keep it in its place, may even occasion the evacuation of the vitreous humor where extraction has been practised.

OSSIFICATION OF THE PERITONEAL COAT OF THE LIVER.

To the Editor of the London Medical Gazette.

10, Everett Street, Russell-Square, July 28, 1828.

Sir,

In the post mortem examination of a patient who recently died after having laboured under ascites for the last six months of his life, there were some circumstances, which I offer to your consideration as being worthy of attention.

Dr. Baillie has recorded instances where the peritoneal coverings of the spleen and liver were converted into cartilage, more especially the former; and quotes a case from Morgagni where laminæ of bone were found in the midst of it. His words are as follow:—"I have also seen in some instances small spots of cartilage over the whole surface of the spleen. It would appear that ossifications are sometimes found in this cartilage; but in the cases which have come under my own observation, bony matter was not to be observed."

Now in this case which I opened, the peritoneal covering of the liver was not studded with small spots of cartilage, but converted into one mass of it, being at the thinner parts one-eighth of an inch in thickness, and in many places half an inch; and in the midst of it were several scales of bone, one as large as a half-crown piece.

This is worthy of remark, as indicating that bone is one of the ulterior products of inflammation in serous membranes, and not, as Baillie suggests, a natural process misplaced. In this instance the peritoneum lining the flank was thickened, showing inflammation in its first stage; that covering the liver was cartilaginous, showing it in its second; and some portions of this last were ossified, showing it in its third.

It will also illustrate Dr. Ayre's Pathological Views of Dropsy: inflammation having arisen in a chronic form in the liver (which in this case had a granular appearance), extended to its peritoneal covering, and thence throughout the sac generally; thus displaying in different parts the various duration of the inflammatory process.

I am, Sir,

Your constant reader,

H. P. Robarts.

P.S. A preparation containing a piece of the cartilage with bone, will be placed in the museum at St. Bartholomew's Hospital.

TREATMENT OF PHLEBITIS.

To the Editor of the London Medical Gazette.

Sir,

My attention has been only just called to a letter signed "R. T." in your Number of the 2d of August, which I had overlooked till now, otherwise I should have earlier offered you a remark or two on its contents.

The letter purports to be a critique, by a practitioner of considerable experience, on the treatment of an important disease; whilst, in truth, it is obviously the production of a very ignorant, if not a most uncandid person. He talks of having seen many very severe cases of phlebitis successfully treated by poultices, fomentations, *gentle* aperients, and opiates! Now, Sir, it is quite evident, from this, that your correspondent can never have seen the disease in question, which we know to be an intense inflammation, tending most rapidly to a fatal result, if not met by early, active, and energetic treatment. I am quite sure that any one at all acquainted with the disease would sooner think of treating pleurisy, or phrensy, with fomentations and poultices alone, than of trifling with inflammation of the veins by the use of such inadequate expedients.

The next remark hazarded by this sage is, that the use of full doses of calomel is unjustifiable in such cases, "on account of the tendency to debility!" It is clear that the gentleman must have been asleep for the last ten years, or he would have known, not only that the state which he calls weakness, is, under these circumstances, the oppression caused by the inflammation, and can only be removed by the removal of

its cause, but also that calomel is one of the most efficient agents in curing this variety of inflammation.

He then goes on to ask, "Why give scammony?" I think it is incumbent on the critic himself first to answer this question—Why *not* give scammony, if it be necessary to purge—(especially as the original disease, which was inflammatory dropsy, with hæmaturia, distinctly indicated this medicine)—as well as that which he afterwards objects to as containing acetate of potass and liq. ammon. acetatis.

The critic ends his letter by objecting strongly to another medicine, which appears to have been prescribed with a view of quieting the stomach, by saturating its acid secretions, and thus secondarily benefitting the kidneys, which were diseased. This draught, consisting of tragacanth powder, magnesia, syrup of marsh-mallow, and water, he thinks proper to call "a horrid compound." I would beg to ask this critic, who professes so much knowledge of medicine, as well as of diseases, which of the ingredients just mentioned he considers so nauseous, or why he thinks their mixture would be so revolting as he represents it to the stomach?

I confess I was a little surprised when I saw so unfair and stupid a letter in your excellent publication: it surely must have been intended for the *invaluable* Journal.

VINDEX.

ANALYSES & NOTICES OF BOOKS.

" L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Researches into the Causes, Nature, and Treatment of the more prevalent Diseases of India, and of Warm Climates generally; illustrated with Cases, Post Mortem Examinations, and numerous coloured Engravings. By JAMES ANNESLEY, Esq. Vol. II. Imperial 4to. pp. 586.

WE lose no time in presenting to our readers the second volume of this magnificent work, which has just issued from the press, containing nearly as many splendid engravings, and beautifully printed imperial quarto pages, as the first volume, an analysis of whose contents appeared in former numbers of the Gazette. The present is devoted chiefly to the diseases of the bowels as they appear in hot climates, comprehending the various forms of dysentery, cholera, &c.; and also the different tropical fevers.

The first chapter describes the *Diseases of the Spleen and Pancreas*, not particularly prevalent in warm climates perhaps, and found there principally in certain low, damp situations, not far from the sea; being, in most cases, consequent on long-continued agues. The spleen may be simply enlarged, to the extent even of ten or twelve pounds, when it may be felt filling nearly the whole of the abdomen. It may be also inflamed either actively or subacutely; and, as the result of inflammation, various morbid changes take place in its structure. The symptoms of simple enlargement are scarcely to be noticed: should there be inflammation, it is indicated by a dull, heavy, and aching pain in the left hypochondrium, occasionally becoming lancinating; and if the inflammation be active, there are the usual febrile symptoms, along with nausea, vomiting, tension, and impeded respiration. The treatment of the former consists of purgatives and tonics, with occasional doses of calomel; and the nitro-muriatic acid lotion to the side. Should inflammation be present, the same plans may be followed, with the addition of local blood-letting, and a hot poultice to the painful part. As to the diseases of the pancreas, we suppose Mr. Annesley introduced a section upon them, because in a work intended to be so complete, it would not have looked well to leave them unnoticed. We agree with him in the uncertainty of the symptoms, on account of their almost universal complication with diseases of the neighbouring organs; and we are not surprised that he has so little to say on the subject, or so little to offer of novelty.

CHAPTER II.—*On Inflammation of the small Intestines.*—This generally begins in the mucous coat, and may, after a time, extend through to the peritoneal covering. It very rarely indeed begins in the latter, except when extended from some other inflamed organ—as the liver; and when this is the case, the mucous coat is seldom impli-

cated. When it begins in the mucous coat, it usually arises from the passage of the acrid, vitiated secretions from the liver, &c. as alluded to in the first volume; though occasionally it is brought on, or at least assisted, by other causes—such as cold, wet, the use of spirits, fruits, and any irritating diet. The bowels are sometimes costive—more frequently relaxed; there is griping pain, but as long as the disease is confined to its first seat, the pain is not aggravated by pressure. The motions are depraved, offensive, watery, pale like yeast, or dark coloured, or green and slimy, and latterly becoming very dark and grumous. The abdomen is tumid; the urine scanty and high-coloured. As the inflammation proceeds into the adjoining coats of the bowels, the pain becomes aggravated by pressure, and there is perceived rather a sense of internal heat and soreness. The stools are scanty, and passed with gripings; the tongue is white and excited, red at the point and sides, and foul and coated, especially at the middle and base; the pulse is quick, soft, and frequently small; and there is thirst, nausea, and sickness. As the disease advances, the abdomen becomes more tumid and painful; there are watery, mucous, and blood-streaked stools, with tenesmus; and as the inflammation gradually extends to the large intestines, real dysentery may be induced. In some of the cases, jaundice, with white stools, comes on, occasioned, as our author supposes, by the tumefaction of the mucous coat at the orifice of the biliary duct obstructing the flow of the bile.

Inflammation of the intestines may begin in the substance of the bowel, forming the phlegmonoid variety: here the symptoms from the beginning are much more acute. These are—a quick, small, and contracted pulse; sharp pains at the umbilicus and below it; a foul, white, tongue; irregular and scanty motions. The countenance soon becomes anxious; the pain is increased on slight pressure; urine high coloured and scanty; respiration oppressed and painful; skin hot and harsh, especially over the abdomen; vomitings and an irritable stomach; tongue very much coated, yellow, and, after a time, brown; abdomen more tumid and painful; great tenesmus. As the disease proceeds, the symptoms increase: countenance is sharp and anxious; legs drawn up to the abdomen; the patient lies on his back; the pulse is small, quick, and weak; abdomen hot, but extremities cold and clammy; the pain and soreness become more extended, and the tenderness very distressing. If gangrene takes place, all the symptoms of pain subside, and the usual facies hippocratica, hiccup, cold sweats, &c. make their appearance before death. But sometimes, from the inflammation extending itself very widely to the neighbouring viscera, the patient will sink under the acute and extensive disease, before gangrene commences.

Inflammation of the mucous coat of the small intestines is generally milder and more chronic; when it ends badly, it produces ulceration of the mucous follicles, extending along the course of the bowel to the large intestines, with dysenteric symptoms; and in its progress the peritoneal coat also becomes inflamed, and even sphacelus may take place. When the disease becomes more favourable, the pain and fever subside gradually, the motions are more copious, the tongue gets clean, and the tumefaction subsides.

It is very common in Indian practice to find enteritis, gastritis, dysentery, and hepatitis, supervene on each other; and it is often very difficult to distinguish which was the original disorder. The pathological appearances are varied from the slightest blush to the most extensive disorganization, according to the affection being primary, or only incidental to one of the other diseases, the extent of the appearances being in proportion to the early or late supervention of the enteritis. Where the post mortem examinations are made a very short time after death, from the very intense colours of the parts many mistakes arise as to the presence of sphacelus, and it requires attention and handling to detect the difference,—real sphacelus is a very rare disease in the author's experience.

A very large portion of the invalids from India suffer from a chronic inflammatory condition of the small intestines, owing to neglected or mismanaged acute attacks. Mr. Annesley describes such persons to have a peculiar tightness and dryness of the skin covering the abdomen, giving the surface a parchment-like appearance, the

abdominal contents being apparently drawn back upon the spine, and the belly appearing singularly empty, the small intestines being to be felt in the umbilical region, in a hard or pulpy state. On dissection of these cases, the integuments of the abdomen are found particularly thin and free from cellular structure between their layers; the omentum has a leuco-phlegmatic appearance, the peritoneum is very pale; the large intestines are distended with flatus, and their coats are transparent; the small ones are pale, much contracted, and filled with viscid opaque mucus.

Treatment.—This must be decisive and active, as the disease in hot climates runs a very rapid course. Case 137 is one which shews the danger of inert remedies very plainly; for though the patient's strength of constitution surmounted the attack, he was so seriously injured that he was obliged to be invalided. We must not be deterred from active remedies by the apparent mildness of the attack, and local blood-letting, by leeches, must be freely had recourse to, according to the patient's strength. Calomel 20 grains, and opium 2 or 3 grains, should also be given quickly, and be repeated if necessary, even twice a day, if the inflammation has begun in the peritoneal or muscular structure. Hot poultices should be freely applied over the abdomen, which keep up a moisture over the skin, besides relieving pain. A few hours after the calomel and opium, a purgative, followed by a cathartic enema, should be had recourse to, and care taken that the morbid secretions are well carried off. In the chronic stages, or after the subsidence of the acute attack, blisters are serviceable, or the nitro-muriatic acid wash. Blue pill and aloes, with a cordial purgative, light farinaceous diet, and flannel clothing, form the rest of the plan of cure. Mr. Annesley, in detailing one of the cases, takes occasion to allude to the recent claims of a London physician* to having been the first to employ calomel and opium in subduing inflammation; the originators being, in fact, the intertropical practitioners, to whom Mr. Annesley does not hesitate to say that the London physician is in reality indebted.

We next meet with a tolerably good specimen of Mr. Annesley's manner of amplification and repetition; about forty pages are devoted to general remarks on morbid accumulations of fæces, &c. in the large intestines, with the diseases often produced by them; and then follow about sixty pages more of a dilated and diluted account of some of the principal points already given. The whole history is not worth a particular notice, as it is little more than a magnified edition of some parts of Dr. Hamilton on the use of purgative medicines. We may state, however, that the author very properly points out the greater importance of attending to such accumulations in hot climates, and the greater severity of the symptoms produced by them. He notices also, how frequently mistakes have arisen by patients supposing their bowels were too much open, when in fact the liquid motions have passed through the passage left for them, by large collections of indurated fæces. Amongst the endless variety of maladies consequent upon fæces accumulated in the large bowels, there are two more peculiar to the natives of India, and to Indian constitutions —worms and hemeralopia, or night blindness, which, by-the-by, very often co-exist, simply from being caused by the same morbid condition of the intestinal canal. Purgatives are to be chiefly trusted to in both, but in cases of worms, tonics and chalybeates are very proper auxiliaries. In tænia, besides turpentine, Mr. Annesley speaks highly of the bark of the root of the pomegranate tree, as recommended by Dr. Fleming and Mr. Breton;—it is much in use among the natives of India. A case is related of the passage of some lumbrici through an opening made through the intestines at the navel; an abscess formed, and when it burst, the worms passed out along with the fæcal matter, and the child died.

We shall not weary our readers, however, with dwelling on this part of the volume, but at once proceed to the subject of *dysentery*, a disease of extreme interest to all practitioners in tropical climates.

Chap. IV. Sect. 1.—*Of acute, uncomplicated Dysentery.*—Mr. Annesley believes this to be essentially an inflammatory disease, affecting the cæcum, colon, and rectum, whether arising from morbid accumulations or from external causes having produced an increased

* We suppose Dr. Yeats. Vide Medical Gazette, No. 24, Vol. I.

action in the mucous membrane of the intestines, or, as he believes, more probably from both together; still he cannot agree with Mr. Bampfield's subdivisions; and he cautions young surgeons against being misled as to their treatment, by theories of the inflammatory or non-inflammatory nature of any particular case; as by so doing, and neglecting some of the remedies which are advisable, in fact, in all the cases, the patient may be lost in a few hours—so rapidly fatal the disease frequently proves.

In less severe cases, simple dysentery is marked by the following symptoms. At first, frequent calls to stool, with the motions scanty, mucous, gelatinous, streaked with blood, and accompanied with tenesmus; and pain, at first only in the rectum, with only occasional gripings in the abdomen. Tongue white and loaded, but not much affected; pulse at first tolerably quiet, but gradually quickened according to circumstances. If the disease is allowed to go on, the abdominal pain becomes more constant and more severe, though sometimes it is not much felt, except during the act of passing a motion, although the stools are of a most morbid character. There is, however, if but little pain, usually a constant sense of heat and soreness over the abdomen. The pain is scarcely increased on pressure as long as the disease is confined to the mucous lining of the large bowels, though the cæcum perhaps is more sensible on pressure, and there is a sense of fulness where that intestine is situated. The stools become more frequent, more mixed with blood, and of a more watery appearance—dark, with a muddy solution of fæces, or with a considerable discharge of real fæces; there is more tenesmus; the urine is high-coloured, and passed with scalding, and very frequently; or there may be complete strangury. The tongue becomes more loaded and excited; the pulse accelerated; and the skin harsh, hot, and dry. The tormina, strainings, and calls to stool, more incessant, especially at night, when all the febrile symptoms increase. When the latter symptoms, the tenesmus, &c. are urgent, the rectum may be considered to be inflamed very decidedly, and *vice versâ*. When the disease affects the natives, there is less activity of inflammation, and there is a weak pulse, nausea and bilious or porraceous vomiting, with scybala amongst the motions. But with them it is even more fatal, and is more likely to assume the typhoid form. Amongst the European new-comers, on the other hand, the disease shews more decided and active inflammatory characters; all the symptoms are much more severe; more blood, of a florid appearance, passes, mixed with the motions, which are serous, or ichorous, with shreds of coagulable lymph floating in what looks like the washings of raw beef. The quantity passed in the twenty-four hours is often so great as rapidly to exhaust and emaciate, and the author has often known from thirty to forty efforts to have a motion in the twenty-four hours. Where these watery stools appear, instead of the mucous, in the early part of the disease, they indicate the presence of acrid matters lodged in the bowels, and requiring the active employment of purgatives; but in general the watery stools appear later in the disease, as the result of acrid matters acting on an inflamed, and, at last, ulcerated surface. When the disease begins in the rectum, it is shewn by the symptoms being chiefly those of tenesmus. When in the colon, the febrile symptoms are remarkably severe. When in the cæcum, the soreness and fulness may be felt in that situation before the tenesmus and deranged motions are to be noticed. Gradually these may be all traced, running from one to the other, whatever part may have been first affected.

In slight cases the thirst is not violent, and the appetite scarcely diminished, though every indulgence of it excites an immediate stool. The tongue, though at first only white and loaded, yet in the worst cases becomes dry, with a dark crust in the centre, and red at the point and edges. The tormina and tenesmus are often much increased by the passage of acrid bile along the inflamed alimentary canal, and this is even to a certain degree aggravated by the various purgatives used, and by the vomitings which occasionally supervene.

[To be continued in our next.]

The Midland Medical and Surgical Reporter, and Topographical and Statistical Journal, No. I.

We have received the first number of, we believe, the first Medical Journal which has been published in any of the

provincial towns of England. We hail its appearance as indicative of the increasing zeal which animates the members of our profession throughout the country. We have given in another department a specimen of the Hospital Reports, and shall be happy to find that so laudable an undertaking flourishes.

MEDICAL GAZETTE.

Saturday, August 16, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

MEDICAL ASSURANCE SOCIETIES.

In our last Number but one we called the attention of our brethren to the subject of those institutions in the metropolis which afford a provision against the day of pecuniary trouble, and earnestly recommended "the formation of one or more similar institutions in the provinces." By a remarkable coincidence, it happened that the very day the above Number of our Gazette appeared a meeting for this express purpose was held at Leeds. This circumstance affords us an opportunity, which we readily embrace, of pressing this important subject once more on the attention of our readers.

There are two great objects which such institutions are calculated to fulfil: one, and the more general, is effecting a provision for the widow and children of the subscriber; the other goes farther, and secures an allowance for his own support in the event of sickness, or infirmity. The former of these is almost the only object which has hitherto been thought of in establishments of this nature, the latter having been confined very much to the "friendly" associations of the poorer classes of society.

The advantages of such institutions seem at first sight so obvious, that we should expect them to be eagerly sought after, and well supported; and we are naturally led to suspect there must be some objections which do not at first strike the eye, when we come to inquire more closely, and find how very few, in proportion to the great mass of society, belong to them.

In conformity with general usage, in our former article we spoke of these institutions as "*charities*;" and it is this appellation, we are convinced, which deters many from becoming members. Such associations never will thrive while any part of their constitution gives them the appearance of being of a *charitable* nature. The subscriber thinks, in paying his money, that it is a mere act of benevolence—and he who receives it feels degraded into a pauper. They ought, then, to be so contrived as to exclude charity altogether, and merely to afford to those who contribute to them certain advantages *as their right*. It is true that, in some such establishments, the idea of charity is entirely banished: among these we may mention the society formed a few years ago among the medical officers of the army—a set of men whose feelings would have revolted against the humiliation of their widows depending upon charity; but who have come forward almost unanimously in support of an association, by contributing to which each subscriber purchases a contingent property, just on the same principle as a man insures his house against fire, or a merchant his goods against shipwreck. Viewing the matter in this light, it was with some regret that we observed our brethren at Leeds had denominated their institution "The Medical *Charitable* Society," &c. We think it would have been more judicious had they denominated it "The Medical *Provident* Society." This is the name given to an establishment lately founded in Scotland, the plan of which appears to be extremely good; and we would venture to suggest to

those concerned in the society at Leeds, that it might still be worth while to consider the expediency of discontinuing the name they have adopted.

How frequently are we called upon to assist members of our profession, who, from sickness or other misfortune, have fallen into pecuniary distress!—and how much misery might be saved by the more general adoption of societies of mutual assurance! The medical man is placed under circumstances of peculiar hardship: he receives the education of a gentleman—he is expected to keep up an appearance in the world corresponding to the rank in which he is placed—his establishment is, therefore, generally speaking, on a larger scale than corresponds to his income; and from this it happens that the members of our profession so seldom either die in opulence or indeed are able to accumulate funds to meet long-continued sickness, or premature disability, from any other cause, of practising their profession. Have we not seen one among us, acquiring the most extensive business, and running the brilliant career of a fashionable physician in this metropolis, with every prospect of long enjoying his good fortune; and, in a few years afterwards, have we not seen the same man stricken down and disabled by an incurable malady? Delicacy forbids us to follow him into retirement with too curious an inquiry; but all who recognize the case, and are acquainted with the circumstances, must feel that it is a striking illustration of the uncertain and precarious tenure of professional income.

The societies of mutual assurance which have been so largely entered into by the clergy in Scotland, have been productive of the greatest advantage, and we can conceive no reason why the same results should not be obtained in our profession, where the members are so numerous, and the proportion of those so great who have only limited fortunes. In a word, we are satisfied that if the idea of these institutions being merely *charitable* were got rid of, and if they were brought before the profession as *assurances*, rendered more advantageous than those which may be effected at public offices, there would no longer be any backwardness in taking advantage of the benefits they offer.

"*Medical Charitable Society for the West-Riding of the County of York.*

"A VERY numerous meeting of physicians and surgeons was held at Turnbull's Hotel, in this town, on Friday last, 'to establish among the medical community of the West-Riding, and the public at large, a society for the benefit of the widows and orphans of medical practitioners in the West-Riding of Yorkshire, dying in exigent circumstances, and for such regularly educated medical men, when in a state of poverty, being at the same time incapacitated, by age or bodily infirmity, from pursuing the profession. Dr. Thorp having been called to the chair, a discussion took place on the desirableness of forming such an institution. It was stated that cases were very frequently occurring of extreme distress befalling the families of medical men, from the death or sudden disability of their head, and that at present no provision existed in this part of the island for the relief of such cases but the casual benevolence of the public. It appears that there is a Metropolitan Institution, and one or two Provincial Societies of this nature, which have been productive of very extensive good. Their aid, however, is limited to their particular spheres of operation. It is high time, therefore, that the very respectable body of medical men of the West-Riding should institute an association of a nature so useful and unexceptionable. The clergy have already set the example; and the success of the *Clerical* West-Riding Charitable Society affords a powerful encouragement to establish a similar scheme for the benefit of the medical community. In the dignity and importance of their ultimate aims, the former profession must certainly take a higher place than the latter. In reference, however, to the scale of secular usefulness, there is no class of men to whom society is under greater

obligations than medical practitioners, and the calamities of whose families, occasioned by death, or other providential causes, equally uncontrollable by human agency, are more fairly subjects of public commiseration and assistance. The profession themselves will be induced to support the society, not only from feelings of common humanity, but from a regard to the honour and respectability of their body, and from that genuine and salutary *esprit de corps* which should unite all its members in the bonds of one common fraternity. The older and more opulent members will support it, as a means of providing the families and persons of the junior and less fortunate of their brethren against the casualties of fortune; and the younger practitioners will contribute as an efficient mode of insuring themselves and their connexions from the disastrous consequences of some of the possible vicissitudes of life. Under the influence of considerations of this nature, it was unanimously resolved to constitute a society for the purposes already specified; a series of rules were proposed and adopted, subject to the revision and modification of a committee, which was then appointed, and the officers and stewards for the year ensuing were elected."—*Leeds Intelligencer.*

ANATOMICAL PRIZE.

The subject for the third Anatomical Prize, given by the Royal College of Surgeons, is—"An Inquiry into the ultimate terminations of the sanguiferous system, and the commencements and terminations of the lymphatic system; explanatory of the means by which parts of the body are formed, maintained, altered, and removed; authenticated as far as practicable by preparations."

The candidates are to be members of the College, not of the Council. Dissertations to be in English: each to be distinguished by a motto or device, and addressed to the Secretary before Christmas 1830.

LIBRARY OF THE COLLEGE OF SURGEONS.

The above Library is shut during the present month, in conformity to the regulations.

SURGICAL APPOINTMENTS.

We extract the following from the London Gazette of Tuesday:—

The King has been pleased to appoint Sir Astley Paston Cooper, Bart. Serjeant Surgeon to his Majesty, in the room of Sir Patrick Macgregor, Bart. deceased.

The King has been pleased to appoint Benjamin Collins Brodie, Esq. Surgeon to his Majesty, in the room of Sir Astley Paston Cooper, Bart. promoted to Serjeant Surgeon.

The King has been pleased to appoint James Wardrop, Esq. Surgeon to his Majesty.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Tetanus.

We intended to have reported some interesting cases of lithotomy, but defer them for the present, in order to make room for a melancholy instance of traumatic tetanus, admitted into the hospital in the course of the week.

Case.—W. Hayes, a healthy looking boy, between fourteen and fifteen years of age, was climbing over the railings in one of the parks, when he slipped, and the iron spike pierced the sole of the foot. For a day or two he complained of a good deal of pain, not confined to the foot but extending to the leg. However, on poulticing the wound, suppuration was established, and the pain was completely relieved. On the 21st of July, a week after the accident, he was drenched in the rain, and obliged to remain for some time without changing his clothes. On the morning of the 25th he went out with his brother, but complained, in the course of their walk, of some pain in his belly, which, to use his own expression, "was drawn into lumps." He returned to the house, the spasm of the chest and abdomen increasing, and the jaw becoming stiff, whilst the body was bent in what seems to have been emprosthotonos. A medical gentleman was summoned, and ordered a draught, which he took, but obtained no relief. As the evening drew near all his sufferings increased, and he spent a most miserable night, the contraction of the

muscles of the belly giving way to intolerable spasms and pains in the back, and the jaw being evidently locked*.

On the morning of the 16th, opisthotonos was established, and at noon he was brought to the hospital.

The symptoms of tetanus were very well marked. The teeth were firmly clenched, but admitted of separation to the extent of a quarter of an inch; opisthotonos was present, the back being arched, and the body supported in bed on the shoulders and sacrum; the head was thrown backwards and drawn to one side, but not by the action of the sterno-mastoideus, which was perfectly under the influence of the will; the muscles of the belly were rigid; the thighs and legs extended; the toes pointed inwards. The pectorals and serrati on the fore-part of the chest were affected, and the scapulæ were fixed, but otherwise the upper extremities had escaped. Every few seconds a violent spasm took place in the muscles of the back, which lasted for an instant, and made the poor fellow scream aloud with the pain. In the intervals of the spasms he was tolerably easy, and readily answered any questions that were put to him.

On examining the wound it was found to be situated on the inside of the sole of the foot, apparently in the direction of the inner plantar nerve. It presented no unhealthy appearance, was cicatrized, or nearly so; but the parts round the puncture, for about the circumference of a sixpence, were consolidated together, and formed a kind of knot beneath the skin. There was no pain whatever in the foot or leg; but on pressing the thigh in the line of the nerve, he complained of some tenderness, which, however, was equally present in the opposite limb. The breathing was free; the face bathed in sweat, and expressive of the intensity of the bodily pain; the pulse full and frequent; the tongue pretty clean.

From this enumeration of symptoms, it is clear that the muscles affected were principally those which are furnished with nerves from the dorsal and lumbar divisions of the medulla spinalis. The motions of the upper extremities were free, and the muscles of respiration but little affected, the head being awry by the action of those at the back of the neck, and not by the sterno-mastoideus, which, along with the trapezius, is fed by a particular nerve (the spinal accessory) and plays a particular part. The locking of the jaw is an exception, but then it must be recollected that the muscles producing this action are supplied by the fifth, analogous in structure and function to the spinal nerves.

In the course of an hour Mr. Brodie arrived, and determined on trying the effects of cold affusion. A bedstead was placed in the yard, the boy laid upon it, and buckets of water thrown over him. The immediate effect of the remedy was to augment the severity of the spasms, or rather opisthotonos, for the distinct attacks of spasm were instantly cut short. When six or seven buckets had been emptied, the affusion was stopped for a time, but in the course of ten minutes, or a quarter of an hour, was resumed. He said he was a little relieved in the first instance, but shortly the convulsions returned as bad as ever, which induced the house-surgeon to persist in the use of the water no longer, but to order the patient to be carried back to bed.

At 3 P.M. he was evidently worse. The spasms of the muscles of the back were very frequent, the muscles of the chest more affected; the skin was burning hot, and bathed in perspiration; the pulse 120; the trismus rather less. He was constantly shifting his position, and by gradually bending his thighs could be got to sit upright. Expressing a wish to be placed in the cold bath, he was so, and experienced, we believe, a little momentary ease. At five in the afternoon he swallowed five grains of the sulphate of quinine, and continued to take it, in three-grain doses, every hour afterwards, as well as the difficulty of deglutition would allow. At seven he was placed in the cold bath again, and at eight took a drop of the hydrocyanic acid, which was ordered to be repeated every third hour. He had taken three scruples of the sulphate of quinine, and three drops of the hydrocyanic acid, when, at six in the morning of the 27th, he was offered the fourth

* This report does not tally in every respect with that which is inserted in the clinical and ward books. It is stated in those, that before the 25th the patient complained of some stiffness, and pain in the back and the neck, not unfrequent precursors of tetanus. This was given, we believe, on the brother's authority, but the patient himself, who was very intelligent, denied it (for we asked him) in toto.

of the latter, but was totally unable to swallow it.

The symptoms had been hitherto gradually increasing in severity. Towards the evening of the 26th the respiratory muscles began to be affected; the difficulty of swallowing was augmented in the night, and had arrived at its acmé in the morning; the pulse varied much in its beat, but was generally 120, and remarkably increased after every dose of the hydrocyanic acid.

A little after six in the morning of the 27th he was seized with a peculiar kind of paroxysm, in which he was convulsed, and turned livid in the face. The diaphragm was affected, as marked by a convulsive sort of sob: the heart itself did not escape, at least it pulsated occasionally with the utmost degree of violence, and then merely fluttered, whilst the pulse, during the fits, was exceedingly slow, but rapid and strong in the intervals; the respiration was successively more and more difficult, the shoulders being firmly retracted, in order to afford a fixed point for the accessory muscles of the chest; the paroxysms followed each other with rapidity, and at 11 A.M. he expired.

Sectio Cadaveris, 26 hours after Death.—On removing the skull-cap the membranes of the brain were injected, the brain altogether more vascular than natural, and the ventricles contained a little serum. The spinal canal was laid open from occiput to sacrum. On removing the series of arches a peculiar appearance was observed on the outside of the theca: this was the presence of a considerable quantity of transparent substance, looking like very fine adeps, or cellular membrane infiltrated with serum. It had not the appearance of lymph; and Mr. Brodie, when he saw it, was not inclined to think it a product of disease. The theca was sound, and presented no marks of inflammation; the medulla itself unaffected.

Mr. Brodie now directed his attention to the wound. The posterior tibial nerve was dissected for, and found to be free from disease. On following its divisions in the sole of the foot, the internal plantar nerve, or at least that large branch of it which goes to supply the great toe, was found to be inclosed, or rather implicated, in the wound. The spike had not actually injured the nerve, but passed on its inside, whilst the inflammation, and consequent effusion of albumen and pus, which the injury occasioned, were in contact with, and literally surrounded the nerve.

Abstract of a Clinical Lecture on Tetanus, by Mr. Brodie.

The above case was the subject of an interesting clinical lecture, of which we shall furnish some account.

The disease was distinctly established on the eleventh day after the reception of the wound; and in all of the cases save one which Mr. Brodie has witnessed, it appeared in the course of the second week. In that particular case the symptoms were developed on the 17th day, but the tetanus was chronic, and the patient recovered. It is said to appear, in hot climates, at an earlier period, indeed almost immediately after the injury; but Mr. B. is inclined to believe that such cases can scarcely be considered as genuine tetanus. We have also been told that it follows at an interval of weeks, or even months; whereas in the returns which were made on the subject by Sir James Macgrigor, it never exceeded three weeks.

Mr. Brodie alluded to the important distinction between acute and chronic tetanus—patients very frequently recovering from the latter; from the former scarcely ever. The remedy which Mr. Brodie has seen of most service has been the cold affusion, for although it will not cure, yet it frequently relieves. One patient in whom it was employed felt so well that he got out of bed, and was putting on his breeches to go home! With difficulty he was prevailed on to desist; the paroxysms returned, the affusion was repeated, but without good effect, and he died in twelve hours. A case of chronic tetanus recovered under the use of cold affusion, but probably would also have recovered without it. In another case of tetanus (acute), the cold affusion was the only thing which gave the least relief.

Bleeding, in general, appears to do harm. Opium Mr. Brodie has never seen of use; and the same may be said of musk, camphor, the acetate of lead, belladonna, mercurial inunction, &c. Narcotics have been used so extensively, and failed, that Mr. B. would recommend for the future the employment of remedies of a different class. In the present case the quinine was em-

ployed to a sufficient extent to satisfy any one of its total inefficacy in the disease under consideration.

With regard to the pathology of tetanus, Mr. Brodie has never seen any thing the matter with the medulla spinalis, or its membranes. Others are said to have found inflammation, but there is some little reason to suspect that the tortuous vessels, which naturally ramify on the membranes, have been taken, or rather mistaken, for disease. Mr. Brodie, however, has witnessed three cases of opisthotonos following injuries of the head, in all of which matter was found on the medulla-oblongata.

From the notes of the dissection it appears that the internal plantar nerve was affected by the inflammation induced by the wound in the cellular structure, and imbedded in the lymph that was effused.

A case somewhat similar occurred to the late Mr. Ewbank. A man had a pitchfork run into his leg, which was followed by tetanus, and he died. On dissection it was found that the prong had penetrated to the peroneal nerve, which seemed to have been bruised, and was implicated, as here, in the inflammation set up.

Mr. Brodie, in the next place, adverted to the question of amputation, or excision of the part that has been injured. Either operation may be performed at two periods—before the occurrence of the symptoms, or after. With regard to the first, we should remember that tetanus is a very rare consequence of injuries; and besides the absurdity of operating on so distant a chance, we can never be sure after all that the symptoms of tetanus will not be as likely to follow *our* wound as the one we are removing. Mr. Brodie has known it occur after amputation of the mamma, and the operation of tying the external iliac artery.

If the symptoms *have* set in, there is neither experience nor analogy to favour the idea that removing the part which is injured will remove the morbid action in the system to which it gives rise. In one case, however, Mr. Brodie unintentionally made the experiment. A boy was admitted with compound fracture of the leg, which was followed by gangrene of the limb. Mr. Brodie performed the operation whilst the gangrene was spreading, but subsequently found that the patient had complained of the premonitory symptoms of tetanus the morning before the operation. The tetanus was rapidly developed after the limb was removed, and the boy died in less than 24 hours.

Many other very interesting observations were made by Mr. Brodie in the course of the lecture, from which we have selected only the more prominent features.

In our next we shall detail some cases of stone in the bladder.

ST. THOMAS'S HOSPITAL.

Encysted Tumors on the Scalp.

Case I.—A young woman, aged 20, was admitted May 22, with a tumor on the upper part of the forehead as large as a pullet's egg, and hemispherical in shape. She said that it had existed there from her infancy, and that until within a few weeks of her admission it had been hard, but had latterly become soft. As it evidently contained fluid, Mr. Green laid it open by a transverse incision, when a quantity of matter, similar in its appearance to pus, was discharged. The cavity was found to be lined with a proper membrane of its own; and, with the intention of making the surfaces adhere, they were sprinkled with red precipitate, and the cavity filled with dry lint. A very opposite result, however, followed, for at the end of a month the lining membrane had become covered with cuticle continuous with that covering the scalp, and was, in consequence, not more sensible, and did not secrete more than the skin of any part of the body: and so it has continued ever since.

The appearance of the cavity now is very remarkable, for its sides being elastic, do not lie flat, but are partially erect.

Mr. Green once had a similar case. It was in a child which was born with a tumor opposite to the ischiatic notch, containing fluid. This was opened, and the cyst then took on the character of true skin; and the consequence was a permanent unsecreting cavity within one of the nates. Mr. Green thought of destroying the cyst with caustic, but was afraid of doing so on account of the vicinity of the deepest part of it to the pelvic viscera. In such a situation the deformity would be immaterial, but on

the forehead it must be very disagreeable; and yet it is difficult to determine how it ought to be removed; for there is so small space between the bottom of the cavity and the bone, that any attempt to destroy the cyst must almost inevitably lay the cranium bare.

Case II.—A boy, aged 16, came to the Hospital July 29th, with a tumor on the forepart of the head, of the form and relative size represented in the annexed sketch. He had had it from the age of three months, and it had attained its greatest magnitude when he was three years old; and from that time had altered very little. It was perfectly soft and compressible, and evidently contained fluid.

Mr. Green removed it by making two curved incisions, so as to embrace a portion of the skin covering its upper part, and then dissected the cyst out entire, with its contents. It adhered firmly to the tendon of the occipito-frontalis, and, in other parts, the skin invested it very closely, and the operation was, in consequence, a little tedious. A small artery, which bled rather freely at one of the edges of the divided integuments, was tied, and the flaps of skin were then laid over the wound, and secured by adhesive plaister.

G.

ST. BARTHOLOMEW'S HOSPITAL.

A case of severe lacerated wound of the Scalp, with formation of matter beneath the bone—Operation and Death.

John Wade, a pale, sickly child, four years of age, was admitted in President ward, under Mr. Vincent, on the evening of the 31st of May last, having received a severe lacerated wound of the scalp, from the kick of a horse. The wound was of a triangular form, with its base situated about an inch and a half above the external meatus, and its apex about as high as the middle of the parietal bone, on the right side; each side of the angle was about three inches in length. The parts were much lacerated, and a large portion of the scalp was pendulous, which afterwards sloughed off. The bone was denuded of its pericranium about the centre of the wound. Although there were no decided symptoms of concussion, the child did not answer questions when put to him for the first three or four days, and there was a great disposition to be drowsy; he did not eat any food, and there was a great flow of blood from the nose.

Ordered five grains of jalap and one of Calomel directly, and castor oil in the moruing.

On the following day the pulse was quick and full, and he was

Ordered to have six leeches applied round the wound, and an aperient enema was administered. The effervescing draught every six hours.

The bowels were opened by the enema, and the child was better the next day.

All through the month of June the wound was endeavouring to throw off the slough, during which time he was very low: he required a large supply of nourishment; he was occasionally feverish, and always appeared languid.

He took the Hyd. cum Cretâ, gr. iij. every six hours, and a lotion of the chlorate of soda was applied to the wound every day previous to the poultice.

On the 5th of July, being now very much reduced, he was ordered an ounce of wine daily. The pulse was very small, and the wound had made very little effort to granulate.

On the evening of the 6th he was taken with a convulsive fit, which lasted three hours; his feet were put into warm water, and he had a tea-spoonful of syrup of poppies, which was ordered to be repeated if necessary.

On the following day his mouth was drawn towards the left side, the eye-lids

hung more than half-way over the globe of the eye, and the countenance looked depressed and anxious; pulse very small and frequent.

Ordered Hyd. Sub. gr. j. Pulv. Jalapæ gr. v. statim.
Also Hyd. c. Cretâ gr. iij. 6tis horis.

From this day up to the 12th he had no more convulsions, although his limbs were twitched occasionally. The pulse was languid, and the countenance remained anxious; there was a disposition to sleep, and the eye-lids continued to hang over the eyes; the pupil was not dilated, and the mouth remained drawn towards the left side. For the last day or two he had refused to take his food, and had been evidently sinking. The wound had suppurated, and some pus was pressed out from between the scalp and the bone; matter had been evidently formed somewhere, and there was a question whether this was situated immediately beneath the bone or between the membranes, or even in the substance of the brain itself. The chances were not very favourable to the first question; but as the child must have died had he been left alone, though the chance was small, it was determined (with the united consent of Messrs. Vincent, Earle, and Stanley—Mr. Lawrence at that time not being in the Hospital) to perforate the bone with a trephine. This was accordingly done by Mr. Vincent on the 12th. Upon raising the ring of bone which the instrument had made, nearly a tea-spoonful of matter made its escape. There was a deposition of lymph upon the inner surface of the bone, which appeared to have been connected with the surrounding parts. The dura mater did not look healthy, but was puckered, and with some deposition upon its surface. The child bore the operation well, though it did not effect any alteration in the symptoms, the mouth still continuing drawn towards the left side of the face, and the eye-lids being still drooping. The pulse was not at all accelerated.

In the evening, eight hours after the operation, he was still in the same lethargic state as he had been in during the preceding six days. The pulse had not risen or altered from its previous character: he had refused to take food since the operation. The bowels had not been open.

Ordered to continue his medicine.

He continued to sink till the 15th, when he was seized with another convulsion fit, in which he died.

Sectio Cadaveris.—Upon removing the skull cap the dura mater was found to be more adherent than natural every where over its surface, but more particularly around the seat of the injury, where there was a very considerable alteration in its structure, and increase in its thickness, with a deposition of lymph upon that surface which was next the skull. About an inch and a half posterior to the perforation made by the trephine, there was a small hole, which admitted the blunt end of a probe. This hole communicated with an extensive abscess beneath, in the substance of the posterior lobe of the cerebrum, containing thin flaky pus. This cavity extended down towards the base of the brain, and communicated with the lateral ventricles.

Carcinomatous Ulcerations of the Inguinal Glands and Penis.

Thomas Carnie was admitted in Henry's ward, under the care of Mr. Lawrence, July 9th, having a couple of indurated buboes in the groins, and a schirrus of the penis. He gave the following history of his case. He had had gonorrhœa five or six times in the course of his life. Two years ago he caught a clap, which was severe, and attended with considerable inflammation and phymosis. The phymosis was so violent as to require the operation for dividing the prepuce: after the prepuce was divided, the glans penis was found to be much ulcerated, and these ulcers never healed from that time. The gonorrhœa was not stopped. Subsequently he had two buboes appear in his groins, which continued swelled and indurated up to the present time. The parts around were much swelled. He presented the following appearances. The penis, in its whole extent, was very much indurated, and spread over with several ill-conditioned sores, which had been there about nine months. The penis began to become hardened just after the prepuce was divided. He was salivated for two months, and got well of the salivation; after which he took pills, which did not make his mouth sore. The penis had been covered with mercurial ointment for some time. Of the buboes in the groins, that on the left side came first. It was a sore more

irregular in shape than that on the right side, and not so much raised; the edges were indurated and thickened, and the centre of the sore contained a curd-like matter. On the right side there was a large dark-red indurated swelling, not very tender, having an irregular knotty surface, and being broken in its centre. Where it had given way the sore had a peculiar appearance, being round and hollow, and of the size of a shilling; at the bottom of the sore was more of the curdy substance. When he applied to a surgeon, he refused to open the buboes, they having this peculiar character, and being so hard about their bases. They soon after burst spontaneously. Has had no rest for some nights past.

Ordered Catap. Panis c.
Liq. Opii Sedativ. to the sores.
Tinct. Opii gtt. xxx. nocte et manè sumend.

11.—In much less pain. Has rested the last two nights. Sores not so tender; not altered in character.

Ordered, Ext. Colocyn. Co. gr. v. o. n. and Lotio Chloruret Calcis to the sore.

Appetite not very good; pulse frequent, and rather full; feels feverish.

15.—Much improved in health; sores not painful, and changing their character.

Ordered, Essen. Sarsæ, ʒss. ter die.

17.—Health and appetite very much improved by the sarsaparilla. The character of the sore is completely changed: it looks healthy compared to what it did. It begins to have a healing edge. The curdy matter at the bottom of the sore has disappeared. The parts have not lost their hardness. He rests very well at night. The penis is not so hard.

This man left the hospital a few days after this, thinking he was well enough to return home.

GUY'S HOSPITAL.

Fracture of Seven Ribs—Emphysema. Death.

Moses Carter, aged about 60, at ten on the morning of July 29th, was thrown down by a heavy coal-waggon, the wheel of which passed over the right side of thorax and right clavicle.—When he was brought to the hospital several ribs were found to be broken and depressed, and he had extreme pain on the injured side, increased by inspiration, with laborious breathing, a mucous rattle in the bronchial tubes, and great irritation in the fauces, producing a desire to cough, which he was prevented from doing by the great pain thereby caused. The matter expectorated was small in quantity, and consisted of mucus mixed with blood. The pulse was more than 100, and rather hard. A flannel roller was applied.

Mr. Key saw him at one, and ordered V. S. ad ʒx. which diminished a little the dyspnœa. A solution of supertartrate of potass was ordered as a beverage, to be taken *ad libitum*.

At 9 P.M. emphysema, which had been apparent at noon, had traversed the upper part of the chest and neck, and had now extended to the cheeks. The breathing, and the mucous rattle attending it, were little altered. The pulse was 92, and the skin was warm and moist.

July 30th, 9 A.M.—No evacuation per anum since the accident, but the bladder had been emptied by the patient's own efforts. Pulse 112, hard and rather sharp. Tongue brownish-white, and dry. Pain and dyspnœa a little worse. Emphysema spreading upwards slowly. Appeared to be prevented by the bandage from extending to the inferior half of the body. Great expression of distress in the countenance. Skin rather hot. Mr. Key ordered

Hyd. Submur. gr. v.

8 P.M.—Emphysema stationary; pulse quicker and smaller; breathing still more difficult; mucous rattle louder.

31st.—Pulse 150, hard, and fuller than last evening. Still great pain in the side; no cough; little expectoration, although the "rale muqueux" indicated that the bronchial tubes were full of some fluid.

V. S. ad ʒx.

The bowels were well opened this day.

Aug. 1.—Emphysema a little diminished; less pain of side; could draw a deep breath better; pulse small and very weak; a "rale muqueux" heard all over the chest.

He changed little until the evening, when he died suddenly, having only a minute before conversed with apparent ease on an indifferent subject.

Examination post mortem. — Seven ribs—viz. from the second to the eighth—were broken, and the pointed extremities of two, the third and fourth, were driven into the substance of the lung. The results of inflammation in increased vascularity, and the formation of adhesions, appeared in the parts surrounding the wound. The lung itself was unusually vascular, and there was a considerable quantity of mucus mixed with blood in the bronchial tubes, but not so much as was expected from the symptoms.

The patient had laboured under chronic bronchitis for some time previously to the accident.

Aneurism of the Thoracic Aorta.

The following case is interesting, because although there was an external pulsating tumor, yet from situation, great doubt was entertained before death as to the nature of the disease.

The following account of the symptoms is abstracted from Dr. Bright's ward-book

May 16th, C. Norton, aged 30.—Two years since he fell and struck his breast against some hard substance. Severe pain was felt for ten minutes, but no inconvenience followed. Was perfectly well two months before his admission, except that he had a slight cough. He then began to feel a pain in the right side on running fast, or walking up stairs. About ten days after his admission it was discovered that there was undue pulsation in the right side of the thorax. There was a small tumor, which swelled out and became harder every time the ventricles contracted.

This discovery would have decided the nature of the case but that the tumor was too low for the aorta, being between the fifth and sixth ribs. There was then no cough, but slight expectoration.

During the month of June a pain, which he first began to feel on making a deep inspiration, increased so much, and was so much aggravated by lying down, that he could only lie in a semi-recumbent posture on the right side. The pulsation in the tumor became less distinct. During the whole of this month the pulse was quiet, regular, and of good strength, and never above 60.

Early in July he complained of constant pain shooting from the right breast to the scapula, which he thought was relieved by a tight bandage applied round the thorax.

July 11th.—He complained of pain in the right side of the head, with giddiness.

15th.—At 8 A.M. after a restless night, he suddenly discharged from the mouth a quantity of blood, estimated to amount to six pints.

16th.—Pulse 120. He continued to spit a little blood at intervals on the two or three following days, and after that at longer periods, but after the first bleeding the quantity brought up in 24 hours never exceeded 6 ounces.

From this time until his death, which occurred on August 2d, the pain and other uneasy feelings were much less than they had been previously. The pulse was strong almost to the last.

Examination post mortem. — The right lung and pericardium, which was adherent to the heart, were united into one mass by adhesive matter thrown out on their surface. On tracing the aorta from the upper part of the arch towards its origin, an opening was found behind one of the semilunar valves somewhat larger than the ventricular orifice, which led into a most extensive cavity contained between the heart itself and the right lung. This was the aneurismal sac; and as almost every part of it was below its mouth, the low situation of the pulsating tumor was explained. This last was found to be a part of the cavity which extended forward, entering a little way the substance of the lung, but mainly pushing it aside. The parietes of the sac were thinnest at that part, consisting of a very thin layer of lung, behind which some coagula were deposited.

It appeared as if the aneurism had commenced in the expansion of one of the sinuses situated behind the semilunar valves of the aorta. This having given way, the pericardium must have become the boundary of the disease; but as it had become united to the surface of the heart, either previously, or as a consequence of the affection, the cavity must still have been small. But the blood being continually impelled into it with all the force of the left ventricle, it must soon have become dilated, and then the pericardium giving

way, the blood must have been effused into the thorax, had not the right lung, by becoming adherent to the heart, formed another barrier.

A careful search was made for an opening between the aneurismal cavity and one of the bronchial tubes, but none could be found. Even water injected through the right bronchus could not be perceived to enter the sac. It is, therefore, probable, that in the stage of diminished vascular action which followed the first bleeding, the communication which then existed must have become closed by the curative efforts of the system. The subsequent bleedings were not too great to have come from the bronchial mucous lining.

The treatment consisted in diminishing the quantity of the circulating fluid by bleeding, and allaying the uneasy feelings of the patient by anodynes, used both internally and topically.

WORCESTER INFIRMARY.

Case of Tumor in the Uterus.

In August, 1813, Susan Turberville, 53 years of age, was made an in-patient of the Worcester Infirmary, with an ulcer in the left leg, which had existed for five months. In addition to this there had been, for some years, great enlargement of the abdomen. It was as prominent as in the sixth month of pregnancy. The enlargement was general over the lower part of the abdomen, not greater on one side than the other, extending from the pubes nearly up to the umbilicus. She was generally in pain about these parts, and in the groins; there was likewise considerable tenderness on pressure. The appetite was good, but she was troubled with wind on the stomach. The bowels were always costive. She had frequent micturition, and always pain in evacuating the bladder. She was quite incapable of any active employment, but able to gain her livelihood by knitting, though she could not sit long in one place, being easier for gentle exercise. The breath was always short, but there was no cough. She had never borne children. The catamenia flowed till the usual period. The leg was cured by the latter end of December, and she went away from the Infirmary much in the same state as when admitted, with respect to her visceral disease.

The leg continued well for about a twelve-month, but the disease in the abdomen kept gradually and slowly increasing.

On the 16th of September, 1815, she was again admitted into the Infirmary, on account of a small ulcer on the inner ankle of the right leg. The visceral disease had evidently gained much ground. The pulse was now always hard, and quicker than natural; the pain at the lower part of the abdomen was much greater; there was more tenderness on pressure, and the belly was increased in size, and the breath was much shorter. There was, also, a constant, profuse, thick, white discharge per vaginam. The bowels were more costive, and micturition was more painful. The stomach was much oppressed with flatus, but the appetite still continued good. On the 16th of October she had the following pills directed for her.

℞ Ferri Sulphatis, gr. iii.
Gummi Olibani, gr. x.
Cons. q. s Ft. Pilulæ, ii. bis die sumendæ.

The intention with which these pills were given was to check the discharge, and give tone to the stomach. At the end of a week from taking the pills, the discharge was much lessened, but in other respects she felt much as before. By the 20th of October the discharge had almost ceased, but she was in other respects the same as when admitted into the Infirmary.

On the 28th she complained of being worse, having rather more pain over the abdomen, and great pain in the head. At night she was incoherent, wandering from one subject to another. The bowels had not been moved for two days. Some calomel and antimonial powder were taken at night, and a blister was applied to the nape of the neck. The night was restless, but the bowels were moved very freely on the morning of the 29th.

On the 30th she began to complain of great increase of pain in the abdomen, with tension and much tenderness on pressure. No vomiting; pulse hard, small and wiry. It was found, on inquiry, she had an umbilical hernia, but on examination it did not appear strangulated. Ten leeches were applied to the abdomen, by which she appeared slightly relieved, but shortly after the tension, pain, and tenderness returned.

The countenance now became ghastly, and the eyes sunk; she had constant tenesmus. A large blister was applied to the abdomen, and she had an opiate enema. At about ten o'clock that night she vomited for the first time, which recurred several times in the night. There was no relief from the blister, and all the direful train of symptoms which usually characterize the last stage of peritoneal inflammation now shewed themselves. She died at three o'clock of the morning of the 31st.

Examination of the body twenty-four hours after death.—On opening the abdomen, purulent matter was observed, covering all the intestines. The uterus appeared to occupy the same space in the abdomen that it does in the seventh month of pregnancy; it was firmly and closely connected anteriorly with the peritoneal lining of the abdominal muscles. At the posterior part it was connected with the peritoneal covering of the bowels, and, as in a healthy state, with the sides of the pelvis, by the ligamenta lata, as also to the pudendum, by the ligamenta rotunda. On cutting it from its connexions with the above-mentioned parts, and elevating it, a process was found descending from the lower and posterior part of this large uterus, into the cavity of the pelvis, passing between the rectum and the os sacrum, and separating the former from the latter. The vagina and the urethra were naturally situated. The whole surface of the tumor was very much inflamed, and covered with pus. The peritoneal lining of the abdominal muscles was in the same state. The colon was larger than natural, but not distended with fæcal matter. The cæcum was large. The rectum not larger than natural. The small intestines of their usual size.

The peritoneal covering of the stomach was much inflamed, its upper surface adhering, by recent lymph, to the under surface of the left lobe of the liver.

The liver was twice its natural size; its peritoneal coat inflamed, recent lymph being deposited on it. In addition to this, it was firmly and closely united, by old adhesion, to the diaphragm.

The spleen enlarged, and very soft in its structure. Its peritoneal coat had become cartilaginous in some places. Pancreas healthy. Kidneys healthy. Urinary bladder full of small calculi. Thoracic viscera healthy.

There was nothing but omentum contained in the hernial sac, at the umbilicus, and it was not strangulated. On macerating the diseased parts it was found that a tumor had grown within the uterus, much resembling the muscular structure of that organ. The uterus could with ease be separated from the tumor, being connected with it by common cellular substance.

The uterus and tumor, together, weighed 14lb. 8½oz.

Observations.—It is remarkable, in this case, that two very important organs, the uterus and the liver, were very considerably diseased, and yet this woman, until within a very short period of her death, appeared to suffer but little in her general health. There was, indeed, no other symptom of constitutional disturbance but a difficulty in passing the urine, and constipation.

Dr. Baillie seems to regard growths of this description in the uterus as tubercles: he says, "a mass of the same kind is sometimes found in the cavity of the uterus, and often grows to a large size. I have seen it a good deal larger than a child's head at birth. This mass, when cut into, exhibits precisely the same appearances as those which we have lately described. It is remarkable that such masses within the cavity of the uterus commonly do not adhere in any part closely to it, but are connected with it loosely, by the intervention of cellular membrane and small blood-vessels, so that they can be very easily peeled off without injuring the structure of the uterus."

"These tubercles," he says, in another place, "have a structure much resembling that of the uterus itself."

The size of the tumor, in the case above related, is greater than any one alluded to in Baillie's works, as he mentions one the size of a child's head at birth, as the largest he had seen, which falls far short of the one here detailed.—*Midland Med. & Surg. Reporter, No.* 1.

Notices in our next.

*** It is requested that all letters to the Editors of the Gazette be addressed to Messrs. Longman and Co. *post-paid.*

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ESSAYS ON SYPHILIS.

By John Bacot,

Lately Surgeon to the First Regiment of Guards.

[Continued from page 294.]

We may now, perhaps, be tempted to exclaim with an anonymous French writer, "there is no venereal disease at all;" and passing from the extreme of timidity to that of confident rashness, be disposed to place the belief in syphilis in the same rank with that concerning the contagion of the plague, and the existence of hydrophobia, as held by some sceptical philosophers of the present day; nevertheless, such a conclusion would, I conceive, be equally premature in either of these cases, for the experience of a few more years, whilst it has left the facts above cited untouched and uncontradicted, has amply shewn that the proportion of secondary symptoms, as well as their obstinacy, the slowness and uncertainty with which primary ulcers heal, their frequently breaking out again under the non-mercurial system, rendered it highly inexpedient, and in fact impossible, to introduce this practice into general use; nay, more, in several instances, even among the military, little accustomed to regard consequences, it began to excite uneasiness; the proportion of cutaneous affections, of ulcered throats, of pains in the larger joints, and other concomitant evils, became a serious evil, and induced many regimental surgeons to remodel their practice, and to adopt a plan of treatment less exclusive with regard to mercury.

Evils, still greater, but which are not fairly ascribable to the above investigations, also arose throughout the country; for the general confidence in the power of mercury having become shaken, if not destroyed, and nothing like fixed principles established in its stead, many practitioners were satisfied with a very trivial or slovenly exhibition of that remedy; it was often given out without any precaution, and the result was, that few of those who became affected with primary syphilis escaped some after consequence: this circumstance, formerly so rare, soon produced a re-action in the opinion of professional men, and the new doctrines did not fail to suffer in the estimation of those who had at first been among the number of their warmest advocates, and to this day the practice continues in a state of uncertainty, of which this, I conceive, is no exaggerated picture. Still farther to confirm, and extend this confusion, other circumstances have very much contributed: I allude especially to the enquiries instituted into those diseases resembling syphilis, as well as the recent distinctions drawn by Mr. Carmichael, the direct consequence of which has been, that by endeavouring to distinguish with accuracy the origin of particular ulcerations, and restricting the syphilitic sore to one peculiar form, in relying entirely upon verbal descriptions of ulcers, which no two surgeons perhaps have seen in the same point of view, or in the same *state of their progress*, the practitioner has become involved in a labyrinth of contradictions, and the patient has too frequent cause to lament that his security has been sacrificed to unnecessary refinement.

The direct course of my enquiry now leads me to consider that branch of the subject to which I have just adverted—

that is, to diseases resembling syphilis; but before I do so, I would wish to point out the real benefits which are to be practically derived from the investigation into the natural history of the disease of which I have just given you a pretty extended account. In the first place, then, it must be obvious, either that the venereal disease has been sadly misrepresented in former times, or that its symptoms have become much milder, either from the mere lapse of ages, or in consequence of the change which the continued exhibition of mercury from generation to generation has produced. To me it appears very unlikely that our ancestors have made any very gross mistake in their account of the symptoms of syphilis; that occasionally some doubtful affections might be admitted among the number is very probable, but if we take, not the particular opinion of one writer, but the general account of a number of contemporary authors at any period subsequent to the middle of the 17th century, the descriptions they give us rather differ from what are now met with in the severity of the symptoms than in their identity; and we must remember, also, to deduct from this account all those consequences which are universally admitted to have been produced by the profuse and very incautious manner of administering mercury at that time in use; it is, therefore, I think, nearly as improbable that mercury can be allowed to have the merit of having modified or lightened the symptoms. Had its character, as a specific, been indeed so absolute and undeniable as has been more than once asserted, we might have expected the disease to have become extinguished rather than modified; whereas, as far as we can collect from authors, or from our own experience, whenever mercury has been given without effecting a cure, so far from the disease having any tendency to become milder, it has been actually aggravated. We are, therefore, reduced to embrace the only remaining supposition, that the progress of time, bringing with it a better and more wholesome mode of living, both with respect to food, clothing, and lodging, together with much greater cleanliness of person, and a more discriminating and temperate plan of treatment, have been the real and efficient causes of the milder aspect of the disease in these latter days; though, perhaps, after all, we are boasting of what may only be a temporary blessing, for I would suggest the probability, that at those particular periods in which we have found practitioners abstaining from the use of mercury, as, for example, in the days of Fallopius, Abercrombie, and afterwards of Morgagni, and many others before and since, there is reason to suppose that they did so in consequence of having had to treat a milder form of the disease, just as in our own day we have seen one surgeon speaking of the disease in Portugal as very severe, whilst a few years later that severity was not recognized; and still later it has been observed, that in Ireland primary sores of great malignancy have been met with in some seasons which have been unknown at others; therefore, whilst I admit the fact that syphilis is much milder now than formerly, that is, I mean within the memory of practitioners now living, yet I think it by no means impossible that this condition of things may not endure, and that more severe forms of the disease may again become prevalent, in the same manner that the small-pox epidemic shall remain mild and mitigated for some years, and afterwards return to us with renewed violence. However this may be, it may fairly be asked, granting that the disease is now mitigated in severity, what has the profession gained by the experiments above mentioned? and to what practical purpose can they be applied? My answer would be, in this point of view they are invaluable, since they have shewn us that we may safely, nay, advantageously, dispense with the use of mercury upon all those occasions wherein we discover, or suspect that it is operating deleteriously upon the constitution. Whenever fever is excited, or pains, either local or general, are induced, without apprehending any of those formidable consequences that used formerly to alarm the surgeon as well as the patient, we may await patiently and tranquilly the favourable moment for exhibiting the medicine; we may apply to the ulcers on the genitals the same principles of cure which would be applicable to sores on any other part of the body; nay, more, in those constitutions prone to struma, we may confidently forbear its employment, or when necessary to do so, we may prescribe it either in so mitigated a form, or under such combinations, as

to disarm it from all those dangers which occasionally render its exhibition a cause of more real suffering than the disease itself; and yet let me not have it imagined that I am one of those who recommend the exclusion of mercury from practice in the venereal disease; on the contrary, it is my object to prove that in the vast majority of cases it is our sheet anchor.

Those who recollect the summary manner in which all breaches of surface on the parts of generation were, at no great distance of time, condemned to mercurial treatment, without any reference either to the condition of the sore or constitution; the frequency with which sores so treated were accustomed to inflame and spread, instead of healing the fever that was occasionally lighted up; in short, the combat excited between the powers of nature and a mistaken line of practice, may be inclined to wonder that no author, prior to Mr. Hunter, should have attempted to draw any distinction between the different species of ulceration met with on the parts of generation; the more especially, since the fact of some of them being aggravated by the use of mercury, was at that time universally admitted, and acknowledged to be a conclusive proof of the nature of the affection.

From the time of Mr Hunter's publication, then, a new page of our history may be said to be opened; until then syphilis was not doubted to be one disease, and all the variety of symptoms were attributed to one poison; but from that date a new host of diseases became acknowledged and admitted into the catalogue of human woes; these were said to resemble lues in appearance and progress, but yet they were thought not to be syphilitic. This, then, is the next subject that demands our attention, for this is in truth the foundation upon which Mr. Carmichael has built his theory of a variety of syphilitic poisons.

Now, although I am inclined to admit that good has in many respects followed the investigation thus commenced by Mr. Hunter, and that many complaints, which were formerly confounded with syphilis, have since been discriminated from it, and some progress made towards a more accurate classification of the symptoms, yet it cannot fail to be observed that much of the reasoning employed by Mr. Hunter, and subsequently by Mr. Abernethy, relative to diseases resembling syphilis, falls to the ground, since the fact of all forms of primary ulceration being curable without mercury has been admitted; for all their distinctions are built upon the converse of that proposition, and with regard to the term pseudo-syphilis, first employed by Mr. Abernethy, I must beg to observe, though perhaps the remark is rather out of place here, that I consider it as a term most unfortunately chosen, since it cannot fail to lead to a confusion of ideas, and as long as it is employed must rather tend to prevent than facilitate a discrimination so much to be desired, for these diseases are either syphilitic or they are not; and, therefore, at once to assert they are not so, and yet to employ a term that brings the actual name of the original disease to the mind, cannot fail to create and perpetuate confusion. But to return from this digression. Now, although the belief of the existence of diseases simulating lues venerea is repeated by almost every modern writer upon this subject, so that Dr. Good has even given them a distinct place in his nosological arrangement, I do not hesitate to declare that I do not believe in their existence, and I cannot conceive that we are justified in drawing any such marks of distinction now that we have seen that syphilis itself, acknowledged and undoubted syphilis, under all its forms is curable without mercury. When that fact was either unknown, or denied, it certainly became necessary to seek some escape from the dilemma which occasionally presented itself on finding certain symptoms so similar to those of syphilis as not to be distinguishable from it by the senses, getting well either with sarsaparilla or without it; or again, other symptoms aggravated instead of being cured by the action of mercury. But surely we have now learned, by the thousands of experiments that have been made in this country and on the continent, that this distinction is not founded on facts, that all forms of syphilis may get well without one particle of mercury, and that under peculiar circumstances, that mineral may act as a poison, although the disease for which it was prescribed was undoubtedly syphilitic.

There appear to me to be three questions connected with this branch of my subject, which it would be very desira-

ble to decide:—1st. Whether it is possible to ascertain by the appearance and progress of the ulcers on the genitals, if they be the produce of impure connexion or not? 2dly. Whether breaches of surface on the parts of generation not produced by sexual connexion are ever known to be followed by constitutional symptoms of any determinate character? and 3dly. Whether sores acknowledged to be the result of impure connexion are regularly and invariably succeeded by peculiar trains of constitutional symptoms, having constant reference to a peculiar form of ulceration?

Towards deciding either of these three questions I am afraid it must be admitted that Mr. Hunter has not done much; he has certainly the merit of having first opened the road to future inquiries, but the cases he has brought forward in support of his opinion admit of a very easy solution now, and demonstrate the very rapid strides which have been made of late years in the knowledge of this class of diseases. In order, therefore, to trace the progress of this inquiry, it will be necessary for me to mention, shortly, the principal facts which Mr. Hunter has adduced in support of his views relative to diseases resembling syphilis, and we must recollect that his observations do not apply to herpes of the prepuce, to common plegmon, or to erysipelas, which may attack the parts of generation as well as any other portion of the body, and of which affections he treats separately. Mr. Hunter commences by remarking that many diseases resemble each other in one or two of their symptoms; and that, therefore, in order to draw a just judgment, the aggregate of the symptoms should be considered, and this observation he deems more applicable to the venereal disease than any other, since he conceives that it has no one symptom peculiar to itself; and this he attempts to illustrate by the example of a gonorrhœa; but the most remarkable passage relating to this question is the following:—1st. That sores on the glans penis, prepuce, &c. in form of chancres, may and do arise without any venereal infection; and again, other disorders shall not only resemble the venereal in appearance but in the mode of contamination, proving themselves to be poisons by affecting the part by contact, and from thence producing immediate consequences similar to buboes, also remote consequences similar to lues venerea: the inference, however, which he draws from these two positions leads us to the belief that the only criterion he admitted between a venereal and a non-venereal disease was the possibility of curing one of them by mercury, and that whenever it happened that the symptoms went from bad to worse under its use, he supposed that he had been mistaken in the nature of the case. That this is a plain statement of the fact the relation of a few of his cases clearly demonstrates; the first is that of a gentleman in the West Indies, who having a wound in his finger, opened the abscess of a negro woman, who was labouring under the yaws, and was conscious at the time of having inoculated himself; he had recourse to mercury, but in spite of it successive tumors formed over the hand and up the arm; in a month or two nocturnal pains came on, with other distressing symptoms, which persisted, although he used mercurial frictions for five months; afterwards, at the distance of half a year, a scabby eruption appeared over his legs, and his tumors ulcerated: the nocturnal pains being then mitigated, he never could bring on salivation, though the mouth was tender, and he arrived in England about two months later, where he obtained a cure by the use of mercury and sarsaparilla conjoined. You will perceive at once that this is not a case of the venereal disease, and has nothing to do with the question; the disease was the yaws, and ran its course in the manner usual with that complaint.

The second case is that of a gentleman, who after undergoing a course of mercury for the cure of chancres, was restored to health in five weeks; he almost immediately had connexion with a woman; in a few days the prepuce appeared as if chapped all round the edge of its reflection. The connexion was, notwithstanding, continued, and the patient applying at length to Mr. Hunter, the chaps or fissures were found to be very deep, and paraphymosis had taken place. In this dilemma, Mr. Hunter considering the case not to be venereal, sent the patient into the country, and his sores all got well without any thing being done for them, but a fortnight afterwards the lady became ill, and after a slight fever had a

swelling in the groin; its progress was slow, but it broke, and as it shewed a disposition to heal, Mr. Hunter did not consider it as venereal; but at the end of six weeks, when it was perfectly well, eruptions came out on the skin of the face, thighs, hands, and feet. This staggered Mr. Hunter a little, but they got well, although nothing was done. Surely this is a case about which we should not be much puzzled now: a man excoriates himself violently, he continues to have connexion, he becomes infected, the female in a very short time proves herself to have been infected by the appearance of a bubo: it is not even hinted that an examination took place to discover whether ulcerations in the pudenda existed or not, and in truth the whole curiosity of the affair is, that all the symptoms got well without mercury.

The third case is simply one in which the patient's health (he was a man of intemperate habits) was much affected, so that on prescribing mercury for a sore on the glans penis, attended with excessive pain, it was found to disagree, and the sore was finally healed by cinchona, sarsaparilla, and opium. This was followed some months after by a tumor of the scalp, and succeeded by an extensive caries of the cranium, attended with excessive pain; these sores healed up, and others ensued, which all got well, excepting that for a long period one large ulcer at the angle of the right eye remained unhealed, so that in this case also there was nothing but what the recent experiments above recited render perfectly intelligible; for here was evidently an irritable habit of body, which, combined with an improper use of mercury in the first instance, produced a hybrid disease, which has in most respects more the character of struma than of syphilis, and which indeed receives a very rational explanation in the following passage of this author's own work: "The venereal disease often becomes the immediate cause of other diseases, by calling forth latent tendencies into action." It is, therefore, I think, very evident that Mr. Hunter leads us but a very little way towards the solution of either of the questions above proposed, but a much more ample field opens upon us when we come to examine the works of Abernethy, Evans, and Carmichael. This task I reserve to my next essay.

[To be continued.]

PATHOLOGICAL AND SURGICAL

OBSERVATIONS

RELATING TO

INJURIES OF THE BRAIN.

By B. C. Brodie, F.R.S.

Surgeon to St. George's Hospital.

(Concluded from page 302.)

The nature of Mr. Brodie's paper, which, as we mentioned in a former number, is in itself an analysis of all that is known upon the subject of which it treats, rendered it difficult, if not impossible, for us to condense it still farther without material injury: we have therefore given much more copious extracts from it than we are in the habit of doing from works in general. In the present article we have omitted all that is not strictly practical, and by this means have been enabled to bring the subject to a close.

* * * *

"The removal of a part of the cranium is not to be viewed as a trifling matter, or as an operation which we are warranted in performing without a very sufficient reason. 1st. The process by which the aperture in the cranium is filled up with new bone requires many years for its completion, even where the aperture is small; and where it is large, that process is never completed at all. The deficiency of the cranium must render the patient much more liable to suffer from accidental injury than he would have been if the cranium had been perfect. The cicatrix must be more easily penetrated by a cutting instrument, and more likely to give way under the force of a severe contusion, than the bone itself; and in the second volume of the Edinburgh Medical Essays, a case is recorded in which, during a violent fit of the hooping-cough, such a cicatrix was lacerated, the dura mater torn, and the brain made to protrude through the wound, the patient dying with paralysis of the limbs five days afterwards. 2dly. Without referring to those remote consequences, or to cases in which it has been carelessly or improperly performed, the operation of the trephine is not to be regarded as one altogether free from danger. I saw a case in which a surgeon was induced to apply the trephine, although, as the event proved, there was no sufficient reason for doing so. The

dura mater, at the time of the operation, was found adhering to the bone, and in a healthy state. Nevertheless, when the patient died some time afterwards, and the body was examined, the external layer of the circular portion of the dura mater, which had been exposed in consequence of the trephine being employed, was found in a state of slough, and it was a matter of doubt whether the sloughing did, or did not, extend through the whole thickness of the membrane.

In another case, which occurred in St. George's Hospital, Mr. Gunning was induced to apply the trephine, in consequence of a suspicion that suppuration had taken place between the bone and the dura mater. The suspicion proved to be ill-founded: the dura mater was in a perfectly natural state, and there was bleeding from the small vessels on its surface after the renewal of the bone. The patient died afterwards in consequence of inflammation of the brain and pia mater. On dissection, besides the usual appearances produced by such inflammation, it was found that the circular portion of the dura mater, which had been exposed in the operation, was in a state of slough, the slough extending through its whole substance. Everywhere else the dura mater was in a natural state. It is reasonable to conclude that the sloughing of the dura mater in these cases was the consequence of it being deprived of its natural protection, and of the supply of blood which it receives through the vessels of the bone."

Mr. Brodie thinks that in the case last mentioned, if the patient had survived a little longer, the slough of the dura mater would have been separated; and *hernia cerebri* formed. That this condition may result from the removal of the cranium, is, *à priori*, probable, and is proved by cases published by Mr. Stanley in the eighth volume of the Medico-Chirurgical Transactions.

"Taking all these facts into consideration, we cannot refuse our assent to the proposition that the perforation of the skull, and the removal of a part of it, is attended with a certain degree of danger, and the evidence hitherto adduced is in favour of the opinion, that "it is most prudent to abstain from the use of the trephine, where there is a fracture with depression of the cranium, producing at the time no unfavourable symptoms."

But much may be said on the other side of the question; and, at any rate, there are other points to be considered before we can arrive at a positive conclusion on the subject.

1st. Although in some cases sloughing of the dura mater and *hernia cerebri* may follow the operation of the trephine, there are many other cases in which this never happens, the dura mater granulating, and the wound cicatrizing favourably.

2dly. Notwithstanding that a depression of the cranium is allowed to remain in many instances without it being productive of any bad consequences, there are numerous examples of such an injury being followed by extensive mischief. Suppuration takes place on the surface of the dura mater, an abscess is formed between that membrane and the bone, and ultimately (as I shall endeavour to explain on a future occasion), if the abscess has no opportunity of discharging itself externally, the inflammation extends to the parts below, and there is suppuration of the tunica arachnoides and pia mater, leading inevitably to the patient's destruction.

3dly. Where a depression of the cranium is allowed to remain, it sometimes happens that symptoms arise, after considerable lapse of time, which may even endanger the life of the patient, and which are to be attributed to the continuance of the depression, although it had occasioned no inconvenience in the first instance. I saw a well-marked and very instructive case of this kind several years ago, under the care of Sir Everard Home, of which Sir Everard has published some account in the Philosophical Transactions for the year 1814. A gentleman received a blow on his head in consequence of having fallen from his horse, which occasioned a fracture and depression of one parietal bone. The depression was two inches and a quarter in its longest, and an inch and a half in its shortest diameter, and in one part nearly three quarters of an inch below the natural level. At the end of six weeks, the early symptoms had subsided, and the patient was considered well. As soon, however, as he returned to his usual occupations, various nervous symptoms began to shew themselves, which manifestly depended on the continued pressure on the brain. These symptoms, instead of diminishing, increased in severity, and on some occasions were such as to occasion seri-

ous alarm; in consequence of which, at the expiration of three years from the time of the accident, Sir Everard was induced to remove nearly the whole of the depressed bone with the trephine. The wound cicatrized readily. The symptoms which existed before the operation were immediately relieved, and, as I have been informed, never recurred.

In this case the fracture and depression were very extensive, and probably these ultimate ill consequences, or secondary effects of the injury, may be avoided, if we consider it as a general rule that an extensive or deep depression should lead to the application of the trephine, although the same necessity does not exist where the depression is small.

This rule, however, affords us no assistance with respect to the greater danger arising from the chance of suppuration between the bone and the dura mater; this being as likely to occur where the depression is small as where it is large.

Sir Astley Cooper has stated in his Lectures on Surgery* that there is a great difference as to the danger of inflammation and suppuration of the membranes of the brain, between those cases in which the fracture and depression is complicated with a wound of the scalp, and those in which the soft parts are uninjured; such mischief being much more liable to occur in cases of the first kind than in those of the second: and on these grounds he recommends that where this complication exists, we should not hesitate to apply the trephine; and on the other hand, that where it does not exist, we should carefully abstain from adding to the injury, by dividing the scalp and exposing the fracture. But many persons undoubtedly have recovered in whom there was at the same time a wound of the scalp, and a fracture and depression of the cranium, although no operation was resorted to. The cases to which I have before alluded as published by Mr. Abernethy, are all examples of this fact; and I recollect other similar cases which have fallen under my own observation. I have conversed also with several other surgeons, whose experience on the subject has corresponded with my own, and all these circumstances led me in the first instance to doubt the accuracy of Sir Astley Cooper's conclusion.

The question, however, is not to be decided merely on these premises. Many persons may do well without an operation who suffer from what Sir Astley Cooper denominates a compound fracture of the cranium, and yet it may remain to be determined what is the probability of suppuration taking place in these cases, as compared with those in which the scalp escapes uninjured?

For many years I have preserved notes of a large proportion of the cases of injury of the head, which it has fallen to my lot to witness. Among them, of course, are many in which there was fracture, with or without depression, followed by suppuration between the dura mater and the bone. On referring to these for further evidence on this interesting subject, I find that the cases in which suppuration takes place where the scalp is entire, have been comparatively rare; bearing a very small proportion indeed to those cases in which suppuration has followed a fracture complicated with a wound of the scalp. Such is the result of my own experience, during a considerable period of time, and which I am enabled to give not merely from a general recollection of what I have seen, but on the authority of written notes, made at the bedside of the patients, and for the most part before the question which they illustrate had ever presented itself to my mind.

Taking all these facts into consideration, and endeavouring to give its proper value to what may be urged on either side of the question, I cannot but acknowledge, whatever may have been my first impression on the subject, that it appears to me at this moment that the views of Sir Astley Cooper are well-founded; and that, in those cases in which a depression of bone exists without any symptoms, or with only trifling symptoms arising from it, the surgeon can follow no better general rule than this: if the depression be exposed in consequence of a wound of the scalp, let him apply the trephine, and elevate the depression; but if there is a depression without a wound of the scalp, in consequence of the accident, let him not make such a wound by an operation. An exception may perhaps be properly made with respect to very extensive depressions of the cranium,

* The Lectures of Sir Astley Cooper, Bart. by F. Tyrrell, &c. Vol. I.

which it may be prudent to expose and elevate at all events, not because there is a greater danger of suppuration from these than from smaller injuries, but on account of the ultimate ill consequences which the patient may experience if the brain be left permanently subjected to a very considerable pressure."

* * * * *

Treatment of Contusions and Wounds of the Scalp.

"Extravasation of blood in the cellular texture of the scalp seems to require for the most part no particular attention. Here, as elsewhere, the swelling made by the extravasation gradually becomes less prominent, and more diffused, and no great length of time elapses before it disappears altogether."

* * * *

"Punctured and incised wounds of the scalp require (in the first instance at least) no peculiar treatment. Nothing that has occurred in my own experience would lead me to believe that there is any reason why adhesive plaister should not be employed to approximate the edges of a wound of the scalp, as well as those of a wound elsewhere. Erysipelas not uncommonly follows a wound of the scalp, but it seems to me to occur equally, whether the wound is dressed with adhesive plaister or in any other manner.

When a portion of the scalp is separated in the manner of a flap, so as to expose the tendon of the occipito-frontalis muscle, or the pericranium, if it be carefully and neatly replaced, it will often become united by the first intention to the parts from which it has been separated. In many cases, however, there will be no adhesion, as where some time has elapsed before the wound has been dressed; or there has been considerable contusion; or the surface of the wound has been smeared with dirt, or other extraneous substance. In other cases there will be partial adhesions, some parts of the wound becoming united while there is suppuration elsewhere; and (as I shall have occasion to observe hereafter) this state of things requires much attention on the part of the surgeon, lest the formation of abscesses in certain places should do injury to the pericranium and bone, and destroy the adhesions in the neighbourhood.

In those cases also, in which the pericranium is separated from the bone, it is for the most part right to replace the scalp, with the torn surfaces in contact, and to allow them to have the chance of becoming united, whatever that chance may be. Such union will not unfrequently take place even in the adult, where the bone is not exposed to a great extent, and the parts are nicely adjusted to each other; but there is much more reason to expect it in the young person, on account of the greater vascularity of the harder textures before the period of growth is concluded."

Treatment of Fractures of the Cranium unattended with Depression.

"It seems to be the general opinion of modern surgeons, that a fracture of the cranium, where there is no depression, and no evidence of any considerable extravasation between the dura mater and the bone, requires nothing beyond the strict antiphlogistic treatment, which ought to be resorted to in all cases of injury of the head. The fractured surfaces being here in contact, are under circumstances the most favourable to the process of union, and the removal of a portion of the bone with the trephine must be regarded as a considerable, and, as far as the fracture itself is concerned, a wanton addition to the mischief already inflicted, which, instead of expediting, cannot fail materially to retard the patient's ultimate recovery."

Mr. Brodie then enters into a consideration of Mr. Pott's opinions and practice in such cases. For the details we must refer to the paper itself, and content ourselves with stating that Mr. Brodie holds the reasons for abstaining from the use of the trephine to be more conclusive than those for its adoption, which we believe to be the opinion of every well-informed surgeon of the present day.

Treatment of Wounds of the Brain and its Membranes.

"Although the condition of the patient who labours under a wound of the brain, or dura mater, is essentially different from that of one in whom no such wound exists, the general treatment required in these two orders of cases is nearly similar; and bleeding, purgatives, low diet, and a state of perfect repose, form an important part of

the remedies to be employed in cases of wounds, as well as in those of concussion and compression of the brain.

The object of the local treatment, where there is a wound of the brain or its membranes, is not so much to relieve the existing symptoms as to prevent future ill consequences, the principal of which are (as I shall shew hereafter), 1st, inflammation, extending from the wound over the membranes of the brain, and producing an effusion of serum and pus; 2dly, inflammation, suppuration, sloughing, and dissolution of the substance of the brain; 3dly, protrusion of the brain, in the form of what is commonly denominated a *hernia cerebri*.

A judicious surgeon will always bear in mind, that, especially on these occasions, the first rule of his art is not to add to the mischief already done. If splinters of bone have penetrated into the brain, and can be removed with perfect facility, and without the smallest additional disturbance to the injured organ, such removal cannot be improper, and may probably be useful. Many persons, however, have recovered, in whom an opposite practice has been pursued. I saw a gentleman in whom detached fragments of bone remained imbedded in the brain many months after he had received a wound in the head from a pistol bullet, and who suffered scarcely at all from the injury. Do not such cases justify us in leaving splinters of bone untouched where there is any kind of obstacle to their easy extraction? Are they not even sufficient to shew that any other mode of proceeding would be improper, and that it is better to leave the patient to take his chance with the splinters lodged in the brain, than to commit the smallest additional violence in an endeavour to remove them?

A similar observation may be made respecting depressions of bone when complicated with wound of the brain. If the edge of the depressed bone be imbedded in the substance of the brain, it may be proper to restore it to its natural level, provided that this can be readily accomplished with the forceps or elevator. But individuals have recovered in whom a depression of bone has been allowed, under these circumstances, to remain without being elevated; and it cannot be advisable to risk this chance of recovery, whatever it may be, if the elevation requires the application of such a degree of force as is likely to cause the most trifling additional injury to the wounded brain. I have myself been led to doubt the expediency of applying the trephine in those cases in which there were no circumstances making the operation absolutely necessary. The motion of the saw must occasion more or less jar to the tender substance of the brain; and this, which may be of little consequence where the brain and its membranes are entire, may make a serious difference as to the degree of danger, where these parts are already lacerated and contused. There is, moreover, the same objection here as in other instances, to the removal of any considerable portion of the parietes of the cranium, namely, the liability which it occasions to the formation of a *hernia cerebri*.

The lodgement of a musket-ball, or other foreign body, in the substance of the brain, is undoubtedly a very serious occurrence, and one attended with the greatest danger to the patient. If the foreign body be of such figure and dimensions, and so situated, that while one extremity of it is inclosed within the cavity of the cranium the other extremity projects externally, it may of course be extracted, and, probably, ought to be extracted at all risks. But with respect to a musket ball, or pistol bullet, lodged in the brain, it may be observed, first, that it rarely happens that it can be discovered and extracted even by the lightest and most practised hand, without such a degree of violence as must be in itself sufficient to produce a train of evils which in all probability would terminate in death: and, secondly, that there are numerous instances of persons who have recovered, although the ball was allowed to remain in the brain; some of whom have suffered no more than they would have suffered from its being lodged in a less important part of the body. Taking all these things into consideration, ought we not to regard it as a general rule, that the extraction of a ball should not be attempted; an exception to the rule being made only in those cases in which, from its more superficial situation, and other circumstances, the extraction can be easily accomplished without the employment of force, and without adding in any degree to the mischief already done?

On the whole (according to the view which I am led to take of the subject), there seems to be, in the very great majority of cases of wounded brain, more wisdom in resorting to negative than to active local treatment. At any rate, as the restorative powers of the animal system are on all occasions the principal agents in the reparation of mechanical injuries, we cannot be wrong, wherever there is a reason for doubt as to what should or should not be done, in leaving nature to take her own course, in trusting to her efforts rather than to human science and art.

* * * * *

I have referred to all the cases of wounded brain recorded in the works quoted below*, and the general results which they exhibit will be found not uninteresting, if viewed in their relation to this point of surgical practice. These cases are thirty-eight in number, of which twenty-six terminated favourably, and twelve unfavourably. This, of course, affords no information as to the actual rate of mortality in cases of this description, the fatal cases being for the most part regarded as too much a matter of course to be worthy of publication, while a very different opinion is entertained respecting the cases of recovery. But the following facts afford some useful information as to the circumstances under which recovery takes place.

In nine cases of wounded brain in which the bone was fractured, but not depressed, no operation whatever was performed. In two of them the patients died; in the remaining seven they recovered.

In fifteen cases no operation was performed beyond that of removing some splinters of bone with the forceps. In five of these cases the patients died, while in ten the patients recovered.

In four cases the wound of the brain was complicated not only with fracture, but with depression of bone. In one of them in which the depressed bone was allowed to remain without being elevated, the patient recovered. In the three remaining cases the depression was elevated with the assistance of the trephine; and one of these patients recovered, and two of them died.

In ten cases a musket-ball was lodged in the brain. In two of them the ball was extracted, and one patient recovered, while the other died. In the remaining eight cases the ball was allowed to remain, no attempt being made for its extraction, and two of these patients died, while six of them recovered. Of these last, however, one died several weeks afterwards of inflammation of the brain, induced by intemperance in drinking, and another, after having been sufficiently well to resume his duties as a soldier, died in the course of the following year of what was regarded as a *coup de soleil*.

It appears, then, that in fourteen out of twenty-six patients who recovered, no operation whatever was resorted to, and that in ten of the remaining twelve there was no operation beyond that of removing splinters of bone with the forceps. Of those in whom a ball was extracted from the brain one died, and one recovered; and of those in whom the ball was not extracted two died, and six recovered. It is needless to add, that the conclusions to be deduced from these statements illustrate and confirm the observations which have been already made as to the principles which should direct the surgeon in his treatment of these formidable injuries.

There is one circumstance connected with this subject, which is too important to be passed over in silence, and which may very properly be mentioned in this place, as it must very materially influence us in the opinion which we give, at the time of the accident, as to the probability of the patient's recovery. I have not been able to discover, among all the works which I have consulted, a single instance of recovery from a wound of the posterior lobes of the cerebrum, of the cerebellum, or medulla oblongata; and in the great majority of cases in which a cure has taken place the injury has been confined to the frontal bone, and that part of the brain which is covered and defended by it."

The paper concludes with observations "*On the Treatment of some other Cases which are not included under the foregoing heads*;" as where deafness, or loss of taste or smell, follows an injury of the head. For the most

* Mémoires de l'Académie Royale de Chirurgie. —Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge.—Duncan's Medical Commentaries.—Duncan's Annals of Medicine.—Edinburgh Medical Journal.—Medico-Chirurgical Transactions, Vol. I. to Vol. XII. inclusive.—Le Dran's Observations in Surgery. —Hennen's Military Surgery.—Collection d'Observations Cliniques, par M. A. Petit.

part the patient, under such circumstances, recovers the sensation which has been lost in the course of a year or two—a restoration which is to be attributed to the powers of nature rather than to the surgeon.

In furious delirium Mr. Brodie recommends blood to be taken in a full stream; and has almost always found this symptom, after an injury of the head, yield to the depletion. The same treatment is recommended when convulsions supervene soon after an accident; occasionally they come on at a later period, and are connected with inflammation; and when this is the case, still further depletion is indicated. Lastly, convulsions may exist independent of inflammation, being aggravated by bleeding, and subsiding on the patient being allowed more nourishing diet.

WOUND OF THE ULNO-CARPAL ARTERY.

To the Editor of the London Medical Gazette.

Sir,

The following case, I believe, is of rather rare occurrence, for although every description of facts relating to aneurism has of late years been accumulated with great industry, I find no record of any case parallel to the following in the common works upon the subject, while the rule of practice, as laid down by authors, appears to me to be insufficient. If these circumstances should appear to you to render it sufficiently interesting for publication, you will oblige me by giving it that distinction.

Wm. Hall, æt. 28, a respectable tradesman, on the 3d of May punctured, with the point of a sharp semilunar leather knife, the ulno-carpal artery, in the palm of the hand, about an inch beyond the pisiform bone. The wound was small, but bled profusely: it was bandaged up for the ten following days, by which time it had perfectly cicatrized, and the man took no further notice of it, until a few days afterwards he observed a small pulsating tumor in the situation of the cicatrix. On the 9th of June he applied to me, at Mr. Watson's request, who had previously attended him, under these circumstances, namely:—The tumor had attained the size of a small walnut; it had a strong pulsation, which was not stopped except by the simultaneous compression of the ulnar and radial arteries; and, by the patient's own account, it appeared to be rapidly increasing. On the 12th of June, after having put a tourniquet upon the arm, I made an incision in the line of the artery, and over the centre of the tumor, about two inches and a half in length, and immediately secured the ulnar artery where it entered the tumor. I then opened the sac, and upon slackening the tourniquet a fierce jet of hæmorrhage immediately issued from it; but I could not succeed with the point of a small probe in finding the opposite orifice of the vessel. I had, therefore, to dissect exteriorly for the vessel, without the guide of the probe, which I accordingly did; and having secured it, I a second time loosened the tourniquet; notwithstanding, however, that the two great sources of supply to the sac were thus cut off, so considerable a hæmorrhage still issued from it, that finding it impossible to discover the bleeding vessel from the bottom of the wound, I had no option left but either to extirpate the sac wholly, or to isolate a part of its vertical circumference, and with a double ligature passed beneath it, and tied both above and below its two ends, to include all that was attached to it. This latter plan effectually arrested the hæmorrhage: the wound was dressed lightly; the last ligature was taken away on the 30th; and on the 7th of the following month the cicatrix was perfect.

In the dissection of the sac and arteries in the palm of the hand, especially if the hand has been much used, as in the labouring class of society, when the texture is very dense and interlined with tendinous bands, and obscured by loose granules of fat, the blunt silver knife, or something equivalent to it, becomes an essential implement. Operations, however, upon arteries in this quarter of the body, are neither easily nor expeditiously performed. To have tied the ulnar artery only, would, it is manifest, have been mere trifling, for the sac pulsated and bled violently after this was effected; while to have tied both the radial and ulnar, as by several friends I was urged to do, (and this is the common rule of practice,) would, as shewn by the operation, have been but a doubtful measure. An artery which probably

communicated with the deep palmer arch, kept up, as I have stated, a profuse hæmorrhage from the sac, after the main vessel both above and below it was secured; so that in whatever way, under such circumstances, we may suppose the anastomotic circulation would have been maintained, a current would almost necessarily have been kept up through the sac, and the operation have been frustrated. In short, where a sac is situated in the centre of so many inosculations—where it is small too, and without coagulum, and where every inosculation would be put upon its full duty, it is hardly possible to conceive that the event could be otherwise, or that the operation could succeed. In the case, indeed, of an aneurism having formed upon any of the branches of the deep palmer arch, the operation here objected to would and must become the only one to be had recourse to; but for aneurisms of the superficial arch, one of the following methods should be adopted:—namely, compression of the sac and artery; excision of the sac; or a ligature upon the two extremities of the artery communicating with it, with or without opening it. Of these the last appears to me to be preferable. I do not say that a ligature upon the radial as well as ulnar arteries would not succeed; but that when, as in this case, there is a chance to the contrary, or in the opposite case a perfect certainty, the last, though a more troublesome operation, should, I think, in all such cases, constitute the rule of practice.

Your obedient servant,

J. PALMER.

1, Suffolk Place, Pall Mall East.

OBSERVATIONS ON FIBRO-CELLULAR CYSTS, CONTAINING *Straw-coloured Fluid and whitish Bodies resembling Hydatids, which are developed in the Substance of Fibro-Cellular Tissues, in the neighbourhood of the Joints of the Upper and Lower Limbs.*

By M. DUPUYTREN.

In a late Number we gave some remarks of M. Dupuytren upon the subject of cysts with bony parietes, the pathognomonic sign of which was said to be a crepitation like rubbing dry parchment; but which was also compared to the feeling produced by pressing the fluid in tumors divided into two parts by the carpal ligaments.

On the day following the publication of the above observations in the Clinique, a man, about 30 years of age, came to the Hôtel Dieu, who had a tumor of this nature upon the carpal ligament. After having invited the spectators to prove the kind of crepitation produced by touching them, which is even heard, and which he compares to the sound produced by pressing a small chain contained in a leather purse, M. Dupuytren explained the ideas upon this subject with which an experience of twenty years had furnished him. The formation of these tumors is not confined to the wrist only—they are to be found on the foot, the thumb, and upon the palmer side of the fore-arm and hand. Wherever situated, they are constantly divided into two parts, more or less unequal in size. They are generally unattended with pain or discolouration of the skin, unless this should be inflamed secondarily; but sometimes acquire so great a size as to impede the motion of the joint in the neighbourhood. If either end be pressed, the fluid, in passing from one to the other, produces the sound that has already been described; and experience has proved to M. Dupuytren that this sign is pathognomonic—at least it has never proved erroneous in his practice.

What is the mode of treating these tumors? It is from their pathological anatomy, as much as from experience, that this has been decided. After making an opening into the first of these tumors that fell under M. Dupuytren's observation, he was surprised to see a straw-coloured fluid escape, in the midst of which some opaline, transparent, whitish bodies, were floating, folded in the longitudinal diameter, and forming a kind of pouch; one extremity of which was large and round, the other like the neck of a bottle. The resemblance of these bodies to hydatids induced M. Dupuytren to believe that they were of that nature. Having collected a few, he submitted them to the examination of M. Rose, professor of natural history at the Jardin des Plantes. This gentleman examined them with the greatest attention, and came to the conclusion that they were not hydatids, but probably fragments of adipose membrane floating in the serosity. M. Dupuytren did not admit this explana-

tion, since no adipose membrane exists in that situation, and their shape does not allow of the supposition of their being so formed; and notwithstanding M. Dumiril was of the same opinion as M. Rose, the Baron continued to believe them to be true hydatids. As to the causes of their production, these are either to be sought for in the mode of life, the dampness of the dwelling, or in the lymphatic constitution of the patient. It would be difficult to conceive that an external cause, such as a blow, would produce them, had not M. Dupuytren himself seen an encysted tumor in the forehead grow, as it were, under his own eyes, in consequence of a blow from a whip, and which, upon opening, appeared to be entirely filled with a true hydatid.

Experience has convinced M. Dupuytren of the inutility of external remedies, such as douches, baths, friction, &c.: these remedies, which are frequently successful where tumors are not encysted, appear always to be useless where cysts exist, the opening and suppuration of which are the only means of cure. But in these cases, however small, this opening cannot always be made without danger, some patients in whom M. Dupuytren has performed this operation having suffered very severe symptoms: some have even died from the consecutive inflammation of the hand and arm. Experience in the first instance, and reasoning afterwards, convinced this gentleman that a large incision should be made into each half of the tumor. Situated as they are, under aponeuroses, in the midst of tendons, vessels, and nerves, if only a small opening be made, the swelling brought on by the suppurative inflammation of the parietes of the cyst produces almost constantly a strangulation propagating itself more or less to the neighbouring parts. This is avoided by making a very free opening, and the suppuration usually takes place without any accident. When the fluid is evacuated, and these whitish bodies are removed, charpie is to be introduced into each aperture. M. Dupuytren formerly used to pass a seton from the one to the other; but this he has renounced as useless, or even dangerous: it is sufficient to keep the lips of the wound separate, to prevent their adhesion, in order to induce the cyst to inflame and be thrown off.

Incision and suppuration of the cyst, then, are the only remedies for the cure of these tumors. They cannot be extirpated without opening them, for they adhere strongly by their external face to the neighbouring parts, throughout their whole circumference. But since the suppuration of the cyst is not always free from danger, in spite of the salutary advice relative to the extent of the incisions, and the mode of avoiding consecutive accidents, these will sometimes occur, and endanger the patient's life; and since, on the other hand, these tumors are not painful, and have no other inconvenience but that of hindering the free motion of the joints by their size, recourse never should be had to an operation except when they have become so large as to prevent the person from following his usual occupation, or where he is himself determined upon their removal.

DUTIES OF APPRENTICES.

To the Editor of the London Medical Gazette.

Sir,

Although the paper of Adolescens, inserted in your Gazette, (No. 35) is almost too insignificant to deserve notice, yet as the young man requests an answer to his query, viz. "whether it is considered to be a part of the duty of a medical apprentice, (who has paid a liberal premium, and consequently expects to be liberally treated) to go about amongst the poor patients to collect bad debts?" I beg to be allowed to favour him with a reply; and which must decidedly be an affirmative one. In the first place, it is a melancholy reflection that the medical practitioner, after the arduous and trying duties of his profession, should have so many bad debts to encounter, and it is clearly apparent he must suffer one way or the other; for if his attendance is requested to a case, (even if he is convinced he shall not be paid) and refuses his services, his reputation is at stake; and if he is not remunerated for his skill and labour, his credit must suffer. And now I will ask Adolescens who is the most proper person to collect "bad debts?" Surely he will not answer the master; and yet I am almost induced

to believe that the apprentices of the present day think that what would degrade themselves, in their own opinion, would not be derogatory to the master: some of them think themselves such fine gentlemen that they really are above attending to the unpleasant and minor parts of their profession. They all most certainly ought to be treated as gentlemen, at least if their conduct deserves it; but to aver that it is degrading to an apprentice to collect his master's debts, in his leisure hours, is an assertion that is at variance both with experience and judgment; and at the same time, if not contradicted, is likely to be as prejudicial to the apprentice himself as to the master.

In conclusion, I would advise Adolescens, in the spirit of the most friendly feelings, not to decline executing any reasonable request of his master. I would also recommend early rising; (my apprentice often does not make his appearance at the breakfast-table till the meal is half-finished) honesty, in its most extended meaning; humility and sobriety, with the most rigid industry; and if such conduct does not meet its reward, the mind of Adolescens' master must be oddly framed indeed.

Being a constant reader of your valuable Journal, perhaps you will do me the honour to insert the above; which, if complied with, it is my intention another week to trouble you with a few remarks on the subject of masters and apprentices, noticed at page 275 of the second vol. of the Medical Gazette.

I remain, yours, &c.

SENEX.

Northampton,
August 15th, 1822.

ANALYSES & NOTICES OF BOOKS.

' L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity. By G. M. BURROWS, M.D. Member of the Royal College of Physicians of London, &c. &c.

WE have derived pleasure and instruction from the perusal of this work, and intend to lay before our readers rather a copious analysis of its contents.

Dr. Burrows has been long known to the profession as a practitioner, and as the author of "An Inquiry into certain Errors relative to Insanity, and their Consequences, Physical, Moral, and Civil;" and indeed as the intended writer of the volume now before us, which was announced, we believe, more than ten years ago. When works are announced with all the parade of formal advertisement, month after month, and year after year, without making their appearance, we may fairly doubt whether it has ever been the intention of the parties to publish any thing except their own names; or, at all events, whether the advertisement has not been the very first step in the proceeding*. These remarks, however, by no means apply to Dr. Burrows, who accounts for the delay of his Commentaries in a very sufficient manner, and from an occurrence which must have been most vexatious to himself. "A thief," says the author, "stole my *porte-feuille*, containing all my memoranda, extracts, remarks, &c. and thus divested me, in a moment, of the labour of years."

The work consists of several parts, each comprehending some great division of the subject; and each part is again subdivided into commentaries on particular questions. The whole is premised by an Introduction, which treats of the opinions of mind and madness entertained by the ancients and the most eminent among modern authors; the general inference from which is, that the ultimate cause of insanity cannot be known till the nature of mind itself be understood; which we take to be equivalent to an admission that it will remain for ever hid. Our author, however, thinks that the phenomena presented by insanity have not been sufficiently studied with reference to other cerebral affections; and that a closer examination of the causes, both moral and physical, will tend to elucidate the subject.

PART I.

COMMENTARY I.

Moral Causes.—Every powerful impression received through the external

* We remember, more than twenty years ago, two systems of surgery thus formally and repeatedly announced at the same time, and evidently in opposition—viz. one by Mr. Russell of Edinburgh, and the other by Mr. (now Dr.) John Thomson; both men of eminence. Neither of these systems have ever appeared.—*Query*: were either of them ever *bona fide* begun?

senses, may become a moral cause of madness; and the same remark applies also to vices which occasion changes in the physical constitution. The effect of an impression will depend upon the degree of constitutional susceptibility, as well as upon the nature and force of the impression itself. The first effect is produced upon the sensorium, but this consecutively affects the heart—so that the nervous and vascular systems are both implicated; and in this manner moral impressions become causes of insanity. "The moral cause, therefore, is always the remote cause; the physical the proximate, or that state of the cerebral functions which immediately precedes the peculiar action denominated maniacal."

The author states, that the effect of intense emotions, which are frequently repeated, or long continued, is not merely to disturb the functions of the brain, but to produce lesions of that organ; and that many diseases, whether of function or structure, which are attributed to physical causes, are in reality to be traced to emotions of the mind. In persons of a "nervous temperament," the effects of external impression are most diversified, and demand attention, as more or less indicative of a tendency to insanity. Of such modifications of feeling numerous examples are given. Modesty, shame—which may be looked upon as different degrees of the same feeling—may, when experienced in an intense degree, produce insanity. "Esquirol mentions that he attended a lady who became insane on the wedding-night, from shame of sleeping with a man;" and the power of diffidence in producing the same effect is strikingly illustrated in the history of one of our most delightful poets (Cowper), whose sensitive mind was broken merely by the dread of being unable to discharge with credit the duties of his office, though neither arduous nor very responsible. In terror and horror the blood forsakes the surface and accumulates about the heart, so that its motions become embarrassed, and it may cease to beat, or even be ruptured; but if reaction takes place, it is frequently very violent, and the brain suffers from the impetus with which the blood is forced upon it. On similar principles of disturbing the nervous and circulating system, anger and fear may produce mental derangement. "Insanity from sudden fright, however, is generally cured with difficulty; especially if it produce menstrual obstructions, which, from this cause, are always obstinate."

Grief and joy are next considered. The former is too well known as a cause of madness to require illustration. Joy, however, is likely, according to Dr. Burrows, to produce more sudden derangement than grief—a fact which he thinks attributable to the latter passion being frequently relieved by tears. Esquirol asserts, that joy is very rarely a cause of insanity; and, indeed, goes so far as to say, that excess of joy may destroy life, but not reason. Our author differs with him in this respect, and mentions two cases in which this passion in excess gave rise to insanity.

"Assuredly, no impression is more calculated to subvert ordinary minds than the sudden and unexpected influx of great wealth. When thus acquired, many become deranged from being elevated to a sphere for which they were never intended; and previous education furnishing no other resources, *ennui* and *tædium vitæ* follow. Many such, abounding in riches, fancy they will live to want common necessaries; but I never knew one become insane from the apprehension of losing his fortune again.

"Actual losses, or disappointments in pecuniary speculations, do not appear to occasion insanity so frequently as unexpected or immense wealth. In the six months succeeding the extensive failures, and consequent distress, of the winter 1825-6, in this metropolis, there were fewer returns of insane persons in the London district than in any corresponding period for many years past."

Various illustrations are then given of the effects of different passions upon the corporeal functions. The only one which we shall notice is the assertion, on the authority of Avenbruger, that the two pleuræ "are always" found united by firm adhesions, in those who have laboured under nostalgia.

The general inference from the preceding positions is, that every passion and strong emotion may be ranked among the moral, and may become accessory to the physical, causes of insanity. Extensive, however, as Dr. Burrows regards the influence of these moral causes to be, still he does not go so far as

many continental writers; and he acknowledges that it very frequently happens that he can trace no moral cause at all, although he is "very inquisitive on this point in every case." The majority of instances of insanity, he thinks, originate in direct physical causes. The moral exciting causes are much increased by civilization, as even the virtues of polished life, if too enthusiastically cultivated, tend to the production of insanity. This remark applies especially to those in the upper classes of society; but the lower orders fully maintain their equality in this respect, by their excesses—"and thus voluntarily ingraft on themselves the evils which, from their condition, they might otherwise escape." It appears that the idea that mental derangement is more prevalent among the better classes of the community, is merely a vulgar error; and our author looks in the same light upon the assertion that insanity is unknown among savages. The first Commentary concludes with the following observations:—

"All emotions of the mind, it is evident, are capable of disturbing the corporeal functions; and though in themselves moral causes, they become physical in their operation. Hence physical causes grow out of moral causes, and these frequently lead to insanity; not, however, by direct impressions on the organ of the mind, but through the means of those morbid changes in the system which they gradually effect.

"Habitual drunkenness is a moral lesion, productive among the common people of the larger number of the insane. Excessive venery is another fruitful source. So, in fact, in peculiar constitutions, is indulgence to excess in any sensual pleasure. A certain solitary vice, which youth are so apt to contract through bad example, is a moral vice, and wide-spreading cause of insanity, in its worst form—fatuity, and even idiotcy. Tissot has fearfully depicted the progress of the consequences of this odious practice; and those who are unhappily addicted to it, will do well to consult this author's work. They will there read a picture that must, if any sense be retained, check this unnatural propensity, ere it has actually brought on mental alienation.

"Could we imagine a human being void of all feeling; moral or religious, mental derangement is not there to be expected through a moral cause. But even where reason is wanting, instinct prevails; and brutes have their passions, which, when excited to excess, or thwarted, produce madness."

Commentary II.

Religion in reference to Insanity.—This must be considered as a division of the preceding Commentary; but our author has thought it of sufficient importance to be considered separately.

According to Dr. Burrows, religion may be a cause of insanity, but that this is not the case so frequently as has been supposed; for he inclines to the belief that many cases have been hastily ascribed to a religious origin, merely because the patient has shewn too vivid religious impressions: but a lunatic may imbibe a religious as well as any other hallucination—and it does not follow, because such hallucination is present, that it originally produced the disease. The opinion of our author is, that the Christian faith, "in its pure and intelligible form," has no tendency whatever to produce mental derangement. Neither does he appear to think that the doctrines of any particular sect are in the abstract open to this objection — but that the circumstance which produces insanity connected with religion, is the unsettling of the mind which takes place during the change from one form of faith to another; in short, the act of proselytism, which must necessarily be preceded by doubts concerning the soundness of the faith which the individual has previously held. It would appear, therefore, that the circumstance of religious toleration existing in this country, is, in reality, one of the causes, and a very prominent one too, of insanity, inasmuch as it gives occasion to those numerous sects whose object it is to make converts. At the Cork Lunatic Asylum, it is mentioned by Dr. Hallaran, that religious mania was unknown among the Catholics; the reason of which obviously is, that the priests do not permit their flocks "to be wrought upon;"—they are never allowed to form opinions of their own, and doubt never enters into their minds.

From the preceding remarks it would appear that it is the state of perplexity between the doctrines in which the individual has been brought up, and the

"new light" presented to him, that the mind is most apt to be thrown off its balance; and at these times, circumstances which would, at any other period, have passed unnoticed, make an overwhelming impression.

"A single lady, about eight-and-thirty, enjoying good health, naturally of a cheerful temper, and regular in her devotions according to the rules of the established church, went, in the winter, on a visit. The family she visited were followers of Swedenborg.—Partly through importunity, and partly from complaisance, she attended their worship, and listened to the doctrines propounded. For the first time, perhaps, she catechised her present opinions: doubts arose; and ere she had renounced her former belief, or had adopted the new, she returned home to the vicinity of London. She shewed great and unusual disquietude of mind. Easter Sunday following, which was shortly after her return, she accompanied her mother to church. She stopt to receive the sacrament. There were many communicants; and when the chalice was presented to her in turn, upon lifting it to her lips, she perceived that not a single drop of wine was left for her! She was excessively disconcerted and confused, hurried from the altar in dismay, and retired from the church. She declared she was lost, for the emptiness of the cup proved she was rejected of God! A furious paroxysm of mania ensued. It was, however, only temporary; and she, in a short time, regained her former composure.

"This lady soon after married, and was happy in the connexion: but has twice since, about Easter, when her mind has been naturally called to the religious duties of that period, fallen into a state of great despondency. She, however, has sustained the affliction of losing her beloved husband with all the fortitude and resignation of a true Christian.

"In this case, if the religious principles she had always professed had not been unsettled by the new doctrines she had heard, the casualty that proved the exciting cause of the maniacal paroxysm would have failed of any marked effect."

Commentary III.

'*Physical Causes.*—This Commentary is considerably more lengthy and less interesting than those which precede it. It constitutes, in fact, a brief sketch, with critical remarks, of the most noted among the numerous physical explanations of insanity which have at different times been proposed. Into these it would be altogether foreign to our object to follow our author, and we shall therefore content ourselves with extracting such portions as contain the results of Dr. Burrows's experience, or are indicative of his own pathological views on the subject.

"That insanity is the effect of cerebral inflammation, I am persuaded is an error as dangerous as it is common. Nothing is more clear, in my opinion, than that the inflammatory and maniacal actions are totally distinct."

"There are abundant proofs, both from living and *post-mortem* examinations of the insane, that the brain undergoes, from the invasion to the end of insanity, or of life, if the malady continue so long, various morbid conditions. The incipient symptoms almost always denote great vascular excitation and action: this may be suspended and renewed, with indefinite intervals, for a very long time; and at length the morbid action ceases altogether, and sanity is restored.

"When not cured, and the patient does not die of any accidental disease, I coincide with Georget in thinking that a weakness or atony of the brain is produced. Tissot would say, the *cerebri tonum* was impaired.

"Whatever particular delusions existed when this atonic change in the condition of the brain happens, are apt to persist. But often this atonic state manifests itself by an abolition, more or less complete, of intelligence. Paralysis, at first partial, then general, follows; and all signs of fury cease. Thus the brain is first affected, as the intellectual agent, through the movement and force of the circulation, and next as the nervous agent, from the diminished power and influence of the circulation.

"That the brain becomes enfeebled or atonic in chronic insanity, is further established by the vigour and renewed healthy action which is imparted to it from an accession of fever, even in cases deemed, from their long continuance, incurable; for fever being a state of vascular excitation, accelerates the circulation, and propels more blood through the ce-

rebral vessels, and thus revives the dormant functions of the intellectual organ."

"There is no organ with the morbid actions of which the functions of the brain so frequently sympathize as the liver. As the connexion is intimate, so is it reciprocal; for morbid actions of the former equally, and perhaps as frequently, disturb the functions of the latter. In importance, the functions of this organ are only second to those of the brain, as far as regards the operations of health; and as in the brain, so too in the liver, the circulation of the blood is complex, and very liable to be interrupted by extrinsic causes. Hence the greater facility of disturbing its functions.

"All the passions, anger especially, violently affecting the sensorium, act immediately on the liver; and every excess that disturbs the functions of the stomach easily determines blood in undue proportion to the vena portarum, where, on account of the remoteness of this vessel from the heart, the motion of the blood is always sluggish, and therefore congestion is easily induced. The bile, consequently, is secreted in scanty quantities, the alimentary processes become ineffective, a morbid action of the connecting nerves follows, and the functions of the brain are implicated and disordered.

"Many facts attest that blows on the head will create not simply disordered function, but disorganisation of the liver; and, *vice versâ*, nothing is more common than instances of mental disturbance originating in injuries of this organ, or in secretions of morbid bile, or obstructions of the biliary ducts by gall-stones, spasm, &c.

"Diseases of the hepatic system will even originate delirium, furious mania, melancholy, and suicide.

"Insanity is much more common among the lowest classes than the supporters of its mental origin are inclined to admit. Now, drunkenness is certainly the great vice of this class in Great Britain and Ireland, and the propensity is gratified usually by ardent spirits. In a table of 1370 lunatics, admitted into the Asylum at Cork, Dr. Hallaran says 160 were insane from this unhappy indulgence.

"Dr. J. Cheyne, on the authority of the late Mr. Todd, mentions the great prevalence of hepatic disease upon examining the bodies of lunatics who had died in the hospitals of Dublin. I need scarcely remark, that from the cheapness of spirits, and the habits of the lower orders of Irish, such appearances might naturally be expected. Indeed I have myself discovered in the bodies of several poor lunatics which I dissected, a condition of the liver that favours the inference that it was produced by excessive drinking.

"The French, comparatively, are considered a sober people; but it appears that inebriation is a frequent cause of insanity among the Parisians. One hundred and eighty-five out of 2507 lunatics admitted into the French hospitals, were insane from drunkenness; and of these *one hundred and twenty-six* were men, and *fifty-nine* women!

Perhaps in no instance would the liver of an habitual drunkard be found diseased without the stomach also having undergone, by the same process, a structural lesion. Without such stimulus, gastric affections are among the most constant attendants of insanity, especially in melancholia and hypochondriacal patients.

"It appears, indeed, a legitimate conclusion, that a morbid condition of the chylopoietic viscera is sympathetically a frequent cause of mental derangement.

"Gastric irritation, too, is a much more frequent cause of mental derangement, through this mysterious agency, than is usually imagined. Long-continued nausea is often a precursor of a paroxysm of insanity. Violent nausea also, from sea-sickness continued for a few hours, has produced mania in three instances within my knowledge.

"The efficacy of remedies, with a view to restore the functions of the digestive organs, after the violence of a paroxysm of insanity has abated, strongly implies that the disorder of them has powerfully influenced the mental derangement.

"Intestinal irritation has, doubtless, its share in sympathetically influencing the brain. Some authors ascribe delirium to intestinal worms; and among the poor, who live on a bad diet, this may be a frequent cause of much sympathetical irritation of the brain.

"Anatomists also describe singular states of disease of the spleen in the bodies of persons dying insane, and hence have imputed much influence to this organ. I have met with two such cases

on dissection; but no symptom existed which indicated disease of this viscus while the patients were living. Indeed the physiology of the spleen is too obscure to justify any reliance on an opinion respecting its functions and sympathies.

"The reciprocal sympathies between the uterine system and the brain, inducing insanity, are too frequent and notorious to escape observation.

"In two instances I have known sudden mania originate from the irritation of cutting the *dentes sapientiæ*."

Commentary IV.

Hereditary Predisposition.—Dr. Burrows regards it as a fact incontrovertibly established that insanity is capable of being propagated; that is to say, that a peculiar condition may exist in the constitution, which, by intermarriage, may be perpetuated indefinitely: and this so frequently exists as to be a "prominent cause" of mental derangement. It does not appear, however, that mania and melancholia respectively beget their own particular types, but either may produce the other; and, in a numerous family, we sometimes meet with madness, and all the various diseases allied to it—or we may have every gradation of mental capacity among the children of the same parents.

"This I have seen exemplified in a respectable family—one son has transcendant talents, the second is inferior, the third has been for years in a state of fatuity, and the fourth is an idiot. That great wit and madness are nearly allied is not a poetical fiction; but there is this dissimilarity,—the one is rarely ever, the other is generally, an inheritance."

The propensity to suicide, however, is apt to descend through successive generations. The author has endeavoured to trace every case of insanity which has fallen under his care to its source, and especially as regards hereditary predisposition. He states that the hereditary form of the disease may be as successfully treated as when it arises from other causes; but that when a predisposition is known to exist, it enables us to decide with more accuracy the degree of excitement required to produce an attack. One would naturally expect, *à priori*, that to further so useful an end the relations of the patient would afford every requisite information, but this is far from being the case; and, although Dr. Burrows regards this as "quite incomprehensible," it appears to us a weakness, it is true, but one which is very natural, and perfectly *comprehensible*—originating in the unwillingness to acknowledge, perhaps, even to themselves, that they are, by hereditary right, entitled to so dreadful a calamity. Esquirol attributes 150 out of 264 cases of insanity which occurred in his private practice to hereditary disposition. Dr. Burrows estimates the proportion at six in seven of the whole of his patients. Puerperal mania, as might be expected, is the form in which the disease most frequently arises, independently of hereditary taint; this having only been detected in about one half of 57 such cases.

Hereditary predisposition is more common among the upper ranks of society, from the obvious cause of intermarriage; and consequently prevails most wherever the system of family connexions has been carried to the greatest extent. On this principle Dr. B. accounts for the frequency of insanity in Scotland, where, he says, it is more common than in any other country. Insanity is likewise very common among the Jews and Quakers, who usually intermarry in their own fraternities.

Sometimes the predisposition to insanity will lie dormant till old age; at others it becomes developed so early as 13 or 14; and in some where no signs of puberty have yet appeared.

Dr. Burrows has occasionally been consulted by persons contemplating marriage, on the following questions:—

"First, whether a person born of parents in whom insanity has never been developed, but who, one or the other, were descended from a family so afflicted, was capable of propagating it in his own children? Secondly, whether a child born before insanity had been developed in either parent was as liable to become insane as one born after it had been developed?"

The first of these questions our author has had no difficulty in answering in the affirmative, having met with many cases where neither of the parents of the maniac had been insane, but where some of the progenitors had been so.

To the second question he replies,

"that a child born either before or after the accession of insanity in a parent, provided that parent's progenitors or relations in blood had been insane, was liable to hereditary insanity. But if the insanity of the parent were adventitious, and not hereditary, the child born before the mental disorder had occurred of course could not have it by inheritance; but how far a child born after the occurrence of the adventitious insanity was liable, I could not decide."

Whether the insanity be hereditary or not, Dr. Burrows thinks, that, having once occurred, the "maniac diathesis" becomes established, and of course the liability to a future attack increased.

[To be continued.]

Researches into the Causes, Nature, and Treatment of the more prevalent Diseases of India, and of Warm Climates generally; illustrated with Cases, Post Mortem Examinations, and numerous coloured Engravings. By James Annesley, Esq. Vol. II. Imperial 4to. pp. 586.

(Continued from page 340.)

DYSENTERY.

Other varieties of dejections occasionally occur, some of which are important; they are sometimes singularly variegated in colour, consisting of a glairy mucos, mixed with a greenish, gelatinous substance, or with pure bile; or else with a muco-purulent matter, and large pieces of albuminous concretions. Blood, in streaks, or in dark coagula, is often mixed with the other matters, or at times is passed in very large quantity, fluid and distinct. Mr. Annesley supposes that in the latter cases it flows from the lower parts of the large bowels; in the former, that it comes from the upper parts of the colon, or from the cæcum. He believes that it may proceed either from an ulcerated surface, or may simply exude from the irritated mucous coat of the bowel. Solid fæces or scybala are seldom seen in the dysentery of India, owing to the quantity of serous fluid exhaled, by which the hard and solid masses are liquified in their passage.

The stools are rarely offensive; they are often mixed with a quantity of dark green bile when the tormina and tenesmus are very urgent; and there is often present a sense of scalding at the anus, with excoriations and troublesome procidentia ani. Portions of membrane are occasionally mixed with the motions. In the earlier stages these are generally albuminous depositions from the inflamed mucous surface, and are often complete casts of it, so as to be mistaken for the other species, namely, detached portions of the mucous membrane itself. These are only separated, however, towards the termination of the more severe cases, and often are seen hanging out of the anus, all attempts at drawing them out giving excessive pain. In these cases the motions have a raw and cadaverous odour, and purulent matter is frequently to be perceived.

Amongst the natives, or the Europeans who have been debilitated by a long residence in the country, the inflammatory fever which ushers in the dysenteric attack very quickly assumes the typhoid character, and the limbs are often covered with a cold and colliquative sweat. In some the skin is jaundiced; in all severe cases there are pains and spasms in various parts of the body, and contractions of the lower extremities; faintings, imperfect vision, stupor, and other nervous symptoms. The mildest attack may be suddenly aggravated, and exhaustion will often suddenly come on when least expected. Where bloodletting has been freely and early employed, hæmorrhages from the bowels are extremely rare. Dysentery, if left to itself in India, is fatal in two or three days. If properly treated it may be cut short in the same time; but if only half measures have been used, or if it has been from the first of a subacute description, it will not run its course under three, four, or five weeks.

A favourable termination may be looked for if the symptoms yield to the treatment; if the stools become less frequent, but more copious, feculent, and natural; if the tormina and tenesmus disappear, and the patient is able to get some quiet rest, with less frequent desire to have a motion, and a diminution of the febrile and painful symptoms.

On the other hand, if these affections become more severe, or even do not advance, but remain stationary, we may consider the patient's state extremely hazardous, and particularly if the nervous symptoms and sinking of the powers of life increase. In these instances there is generally fixed abdominal pain; tenderness, tension, and a feeling of heat; there is often a relaxed sphincter ani, and paralysis of the more

distant muscles, as of the tongue and face; grumous and bloody stools are passed, and portions of sphacelated bowel may be also found mixed with the motions. In these cases so much structural disease takes place that recovery is nearly hopeless. Where real gangrene supervenes, the case is fatal; it is marked by sudden remission of the pain, facies hippocratica, hiccup, convulsions, coma, and a peculiar cadaverous fetor from the body and from the evacuations. The acute uncomplicated dysentery may also end in the chronic species, which is a very frequent mode of termination, especially where the plan of treatment has been rather inert.

Of Hepatic Dysentery.—This is a complication of dysentery extremely common in India, and very destructive. It may be acute, when it is accompanied with an acute affection of the liver, and a very morbid state of the biliary secretions; or it may be chronic and subacute, accompanied by abscesses and other organic changes. Mr. Annesley believes the complication to be of two kinds; in one the dysenteric affection is a consequence of the morbid secretions arising from hepatic disease previously existing; in the other the hepatic affection seems to be induced by the dysentery, especially if of a chronic kind. It is not to be denied, however, that they are occasionally nearly coeval as to their origin. When the complication is once induced, the one disorder tends to perpetuate the other, and to render each much more difficult of cure, and consequently more dangerous than in their simple form of existence. When the dysentery occurs after disease of the liver there is not so decidedly at first an inflammatory action going on, but by the constant passage of the depraved and acrid secretions, that action is sooner or later set up. The dysenteric symptoms often mask those of the liver, by their greater severity, and the greatest care is necessary to detect their existence. On the access of dysentery, in an old hepatic subject, the hepatic symptoms will often vanish, but the experienced practitioner knows well that this is deceptive; and it is not uncommon to find them again appear with redoubled violence; and this may even go on to a regular alternation, for a time, of one and the other disease. In a state of convalescence from a simple dysentery or a simple hepatitis, if there has been exposure to cold or any imprudence, it is very common in India for an accession of the complicated disorder to take place, even if there have been no symptoms of it before; or the second disease may appear alone, instead of the first, which is in progress of cure. In hepatic dysentery we find the bowel affection conjoined with every form of liver disease, functional or structural, which has been noticed in the first volume. As a general rule, it may be said, that acute dysentery is connected with the more active affections of the liver; and chronic dysentery, with organic changes of that organ, and a vitiated or obstructed secretion of bile. In any cases of dysentery, or of hepatic disease, the Indian practitioner must always be on the watch for the complication of the two: to detect this it is only necessary for him to recollect well the peculiar signs of each form of disease, and he will then be able to trace sufficiently accurately the complicated disease in all its stages and terminations. It must always be held in mind that any unfavourable symptoms of either of the diseases are rendered much more so by the existence of the other disease in combination, and particularly if the constitutional disturbance is very urgent, and if there is much depression of the vital energies.

Of the Causes of Dysentery.—This is a very interesting chapter, but our limits will not allow of our going into detail. It will be sufficient to state, that in Mr. Annesley's opinion malaria is the grand promoter of all the epidemic and endemic dysenteries; but that there are certain predisposing conditions and exciting causes which are more or less necessary to the production of the disease, and that these alone are sufficient in sporadic cases, without the concurrence of the malaria. These causes are —habitual costiveness, producing morbid accumulations in the large intestines; depraved secretions; plethora, from free living; youth. (All these circumstances are often combined in new comers, just after a long voyage.) Intemperance, and particularly a free use of the noxious spirits of the country; vicissitudes of season, weather, and temperature; deficient clothing, bedding, and shelter; night dews, night air; exposure to a vertical sun; cold or wet, particularly after much

fatigue or copious perspiration; the use of bad or brackish water, and of unwholesome food, particularly fruits. Fresh pork has often been noticed to produce dysentery in hot climates; and hence it is that in Eastern religions it has generally been prohibited as an article of food; the swine in those countries habitually living on the most disgusting food, "putrid animal matter, and every species of nastiness, particularly the excrements of other animals." Dysentery often follows other diseases, the previous existence of which may therefore be considered as one of the predisposing causes. It often supervenes on the various types of fever; on catarrh—rheumatism; the diseases of the spleen, and of the pancreas; on the healing of old ulcers, and the cure of some eruptive complaints.

In Mr. Annesley's experience, dysentery has never been a contagious disease; but he does not deny the possibility of its becoming so, under circumstances which are particularly favourable to the development of contagion. In the epidemic attacks he is of opinion that there is present some peculiar electrical condition of the atmosphere, but in what this exactly consists, he does not venture to state.

Of the Appearances after Death in Dysentery.—As the effects of the disease, which are seen in post mortem examinations, are those which are universally found to result as the sequelæ of inflammation of various degrees of intensity, it is fair to conclude that the disease consists of inflammation of the mucous surface of the large intestines. This Mr. Annesley believes to be universally the case in India, although simple irritation from acrid matters in the primæ viæ may produce the first symptoms which attract notice. The first thing that presents itself in inspecting fatal cases of dysentery, is the omentum, which is often found inflamed and adhering to the parts in the neighbourhood. The external appearance of the large intestines is frequently natural; and hence many have described fatal cases of this disease without any morbid appearance in the intestines, simply because they have contented themselves with so cursory and imperfect an examination. In general, however, there is a difference in the feel, and also in the colour of the external coat of the bowels; and there are often displacements, elongations, and unnatural convolutions of the colon. The cæcum and colon are also often distended with fœtid gas, whilst, in some points, there are constrictions as if by a ligature, particularly near the rectum. Above these strictures the gut is generally much inflamed, and occasionally ulcerated openings are formed, by which the contents of the bowels pass into the peritoneal cavity. When the peritoneal surface of the bowels has been implicated in the disease, redness, congestion, vascularity, effusion of lymph, or pustular ulceration, may be perceived. The internal appearances of the large bowels, are, of course, generally such as are the consequences of a very severe form of the disease, as otherwise it would not have been fatal. But still, from accidental deaths during the earlier progress of the attack, it may happen occasionally that we may obtain a knowledge of the changes that take place under slighter inflammatory action. In this way it may be possible to trace the changes from merely a redness of the mucous surface (from a minute capillary injection), to abrasion, ulceration, and sphacelation. Besides these morbid changes, there are others found, in severe cases, in the neighbouring viscera, particularly the liver and the small intestines; and also sometimes in the spleen, pancreas, mesenteric glands, and stomach; very rarely in the bladder, though the functions of the latter viscus are very much disturbed in most cases of dysentery. The author has given a very minute account, illustrated by several engravings, of the ulcerations and other disorganizations of the mucous surface of the cæcum, colon, and rectum; but we cannot pretend to do it justice by an analysis, and therefore beg to refer our readers to the original work.

Of the Treatment of Dysentery.—Unlike many diseases of milder climates, if left to itself dysentery would be usually fatal: prompt and active measures are essentially necessary to give the patient a chance of recovery. In the acute, uncomplicated dysentery, our first object must be to remove offending matters from the bowels, by an emetic, followed in a few hours by twenty grains of calomel, and this again by a purging draught and an enema. A warm bath is now of great service. After this we must guard against inflammation, or remove it if already

begun, which the symptoms will indicate. This is only to be effected by depletion, full blood-letting if the patient is plethoric, and a new comer; otherwise leeches, followed by a poultice. This is to be pursued more or less energetically according to circumstances, and not to be dispensed with even should there be copious discharges of blood by stool. After depletion, a scruple of calomel, with a grain or two of opium, may be given; and again a purging draught, and an enema.—"So long as we are convinced, by a careful inspection of the stools, that feculent matters continue in the cells of the colon, so long must we persist in the use of purgative remedies." Calomel and opium at bed-time, an anodyne enema, and poultices, will diminish the tormina and tenesmus, and procure rest, whilst purgatives, &c. may be again given in the morning. The purgatives recommended are the compound jalap powder, castor oil, soda tartarizata, the bitter aperient mixture, and the tartrate or supertartrate of potass, when combined with any of the preparations of senna or jalap. For the enemata, oily and demulcent ones are to be preferred, and all irritating ones to be avoided.—Through the day we may determine to the skin, by saline diaphoretic draughts, and also by ipecacuanha, or antimony. The Dover's powder is particularly useful. If the stomach will not bear it, an infusion of ipecacuanha may be used as an injection. The other plans consist of a warm bath, frequently repeated; a blister on the abdomen, when the violence of the inflammatory action has subsided, and when there is not much bladder affection existing. The addition of tonics and cordials, with spices, &c. is necessary when the natives are treated for this complaint, and bleeding must not be so actively employed, their habits being much less robust than those of Europeans. Mercury given to salivation is not necessary in the uncomplicated cases; but in hepatic dysentery this effect should be induced. In addition, therefore, to the plans already mentioned, mercurial inunction, combined with camphor, should be freely used over the region of the liver and on the abdomen; but if the use of this remedy be deferred till the disease has made much progress, it absolutely does more harm than good, from the irritation and exhaustion it occasions. Mr. Annesley broaches an opinion that mercurial action does not take place till the subsidence of any inflammation that may be going on; not that it procures the subsidence of the inflammation by its own action, as is generally supposed; instead of being a cause of recovery, it is merely one of the first effects of a favourable change in the course of the malady. As to particular symptoms to be alleviated, tenesmus, which is a local symptom, depending on inflammation or irritation in the rectum, may be alleviated by leeches to the neighbourhood, and small anodyne, emollient enemata. Excoriations about the anus may be treated in the same way, with the addition of poultices, opiate and astringent lotions, or ointments. Prolapsus ani may be benefitted by leeches and warm astringent washes. If the prolapsed gut is ulcerated, the black wash may be used as a lotion before it is returned. In dysuria, anodyne injections into the rectum, soda, mucilage, opium, hemlock, leeches, warm hip bath, &c are to be employed; and if there be spasm, the tinctura ferri muriatis, given to the extent of producing nausea, has often given relief. Flatulence may be removed most effectually by oil of turpentine ℥ss. added to the injections. Where hæmorrhoids are present, though they often aggravate the patient's sufferings, they are easily relieved by the remedies used for the dysentery. Dilut nitric acid, given externally and internally, combined with opium, after the mercurial remedies have been used, has been much praised in dysentery. Our author gives the preference to the nitro-muriatic acid. The muriatic, citric, and acetic acids, have been also well spoken of, used in the same manner. The infusions or decoctions of cinchona bark, with rhubarb, are only advisable, either by the mouth or as an injection, when the active inflammatory symptoms have subsided, or when exhaustion and typhoid symptoms have arisen. Amongst the natives they are more serviceable, and may be combined with catechu and ginger. Camphor is a very valuable adjuvant to the opiates and laxatives; it determines to the skin, and diminishes spasm. The diet, in dysentery, should be composed of farinaceous food—as sago, rice, tapioca, &c. In the advanced stages, or with intemperate constitu-

tions, wine may be allowed in small quantities. Broths are objectionable, as producing acidity. The patient should have flannel clothing, and be kept chiefly in bed.

Of Chronic Dysentery and Chronic Diarrhœa.—"Chronic dysentery and chronic diarrhœa appear to depend upon the same pathological state of the intestinal canal, and to differ merely in degree, and in the more or less complete limitation of disorder to particular parts of the bowels. In the former, the mucous coat and follicles of the small intestines seem to be chiefly affected; in the latter the same texture of the large bowels are the seat of disease." We apprehend there is some mistake or misprint here, for by inspecting the cases which are detailed, the reverse appears to be the fact in most instances. Both diseases, however, much resemble each other, except that in diarrhœa there is no fever, no tenesmus, tormina, nor bloody stools. The evacuations are more profuse than in acute dysentery, but not so frequent. The appearance of the motions is very variable; occasionally they are like chalk and water, constituting the "white flux," or they are green and lumpy, "like the fat of a turtle;" or they may be serous, mucous, muco-purulent, or gelatinous. Except amongst the natives, where want of tone in the secreting mucous surface of the bowels seems often the proximate cause of these diseases, Mr. Annesley considers that inflammation, more or less, always exists; and the appearances on dissection are generally such as usually result from inflammation The mucous follicles are diseased, thickened, and ulcerated; and the colon and rectum are often much constricted in various parts. Our author believes that where there are strictures of the rectum, even in temperate climates, there are also generally strictures in some part of the colon. The latter, indeed, he thinks a much more common disease than is supposed, and frequently the cause of many symptoms which are considered merely nervous.

Treatment.—If the motions are not morbid, and the patient is not losing strength, the diarrhœa is often salutary, and should not be suddenly checked; but if allowed to go far enough to weaken, astringents and antacids may be employed, with an occasional purgative, to prevent accumulation. When the secretions are disordered, mercurials, blisters, ipecacuanha infusions, catechu, cinchona, nitro-muriatic acid, and opiates, are all more or less advisable, varied in regard to quantity and time by those circumstances which occur also in acute dysentery, and have been already mentioned. Amongst the natives the treatment should be more or less of a tonic and a stimulating character, combined with the other remedies. The greatest care is necessary for a long time after convalescence, with respect to diet.

A chapter is given upon *Scorbutic Dysentery*, or a complication of dysentery with scurvy—rarely to be met with except in fleets, or armies exposed to great privations, or in peculiar situations. The symptoms need not be here related—they are simply those of scurvy and dysentery combined, and the treatment consists of a combination of the remedies and diet which would be useful to each separately, except that calomel is not to be employed.

This portion of the volume concludes with some remarks upon cholera, but they are merely remarks, and we were certainly surprised to find so little said upon so important a subject, in a work expressly devoted to the "more prevalent diseases of India," and a work of such unusual dimensions. Surely it would have been better for the author to have omitted some of his many pages which are merely repetitions, and to have inserted a more full and satisfactory account of the cholera of India, instead of referring us for farther information to his own former publications. A young surgeon embarking for India, with Mr. Annesley's two volumes for his travelling library, would, as a matter of course, think that he carried with him all that was necessary, and would be grievously disappointed, on meeting with his first case of cholera, to find that he must draw his purse-strings, already lightened by the fourteen guinea quartos of "Practical Researches," for an extra purchase of the "Sketches of the Diseases of India."

Book V. on the Fevers of Warm Climates, in a future number.

MEDICAL GAZETTE.

Saturday, August 23, 1828.

" Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

MEDICAL ASSURANCE SOCIETIES.

In two recent numbers we have directed the attention of our readers to the subject of Medical Assurances, and have made more than one allusion to the existence and present condition of the society for the benefit of the widows of army medical officers.

We are induced to think that at the present moment a short account of the rise and progress of this society may not be unacceptable to our readers, and may, perhaps, prove of service to those engaged in forming similar associations.

It was instituted January 1st, 1816, under the patronage of the Director General, Sir James Macgrigor. Its regulations were built on those of the Artillery Assurance Society, which had been in existence nearly thirty years, but revised, and somewhat modified, under the supervision of Mr. Morgan, the well-known Actuary of the Equitable Assurance Office. The following are the leading features in its original regulations:—An annuity of 40*l.* is secured to a widow on the payment of five guineas per annum during the life of her husband, with a marriage fine of twenty guineas, which increases, however, by a graduated scale, whenever the age of the subscriber exceeds that of his wife more than five years. There is a second class of subscribers who pay and receive half of these sums; but in all cases it is provided that the husband must have been five complete years on the Society's books before his widow becomes entitled to her annuity. Bachelor members are admitted into either class on the annual payment of two guineas, and of one guinea respectively; the inducement held out, (independent of *esprit de corps*,) being a diminution of the fine on marriage, in the event of their entering that state.

During the first year 444 officers enrolled themselves in the Society's books, of whom 114 were married, and 330 unmarried. In sixteen months the society was possessed of 4604*l.* 3 per cents. The first widow was placed on the society's books in March 1821, at which time the numbers of the society had increased to 595, and the amount of funded property to 21,622*l.* At the present time the society numbers 689 members, of whom 271 are married and 418 single. 380 pay the full, and 309 the half rate of subscription. The amount of stock in the society's possession is 44,200*l.* 3 per cents. The total income of the society (including subscriptions, marriage fines, and interest of funded property) is 3734*l.* The list of annuitant widows has increased at the average rate of four annually. Twenty-nine have been upon the books, of whom two have died, leaving twenty-seven to be provided for, which, with the expenses of management, gives a present total annual expenditure of 850*l.*

Such a capital, and such a rapid rate of increase, led for some time to the belief that the condition of the society was eminently flourishing; but a severe shock which has occurred within the last two years to the Artillery Assurance Society, and the openly expressed doubts of some eminent actuaries as to the stability of the fund, induced the members last year to institute a rigid examination into its constitution. Mr. Davies, actuary of the Guardian Assurance Office, undertook the task; the result of which was to shew, that the

rate of subscription was too low, and that the society, without some augmentation of its funds, would ultimately be unable to meet its engagements. This result, so unexpected to the majority of the members, appears mainly to have been owing to a circumstance not probably foreseen in the original construction of the society—I mean a gradually increasing disproportion between the married and the bachelor members. At first there were nearly three bachelors to one married subscriber; now there are only three to two, and the proportion seems gradually to be tending to an equality between the two classes.

During the recent investigations it became a matter of some importance, and of much curiosity, to determine what would be the probable maximum of charges upon the society, and in what period that maximum would be obtained.

The following is an abstract of Mr. Davies's calculations on this subject. The number of married subscribers would be at its maximum at the end of about 35 years from the establishment of the society; that of widows, and the proportion of widows to subscribers, at the end of about 50 years; and at the expiration of about 65 years, (viz. in 1881) the number of subscribers, and that of widows, would become constant, the former at 290, and the latter at 160. To meet such engagements the society should possess at that period a capital somewhat exceeding 100,000l. 3 per cents. These calculations were strengthened, as well by the experience of the Artillery Society, as by that of the Scotch Clergy, which assimilates very closely with that of the army medical officers.

Some augmentation of the funds being absolutely requisite, it has been decided that from the 1st January, 1829, the subscription of married members is to be raised from five guineas to seven pounds. Bachelor members are to pay as heretofore; but from all of them, of whatever standing, the probationary period of five years (or in particular cases a compensation fine equivalent thereto) is required before their widows become entitled to an annuity. This had been unaccountably neglected in the infancy of the society; yet its importance may be judged of from the fact that the value of an annuity thus deferred for five years, is, compared to one dating from the opening of the policy, as 100 to 129. Some minor regulations have also been suggested by Mr. Davies, which it is hardly necessary to enumerate; but he states (and Mr. Morgan corroborates the opinion) that by such measures the stability of the institution may be considered as fully established. Interest on accumulations is calculated at four per cent.

It may be useful to know on what terms an annuity of 40l. can be obtained at the different insurance offices in London; for it is often urged, as an objection to such institutions as that now under consideration, that the ordinary insurance of lives supersedes their necessity.

Several offices refuse to insure, on any terms, the lives of officers exposed to the risks of sea, of climate, and of battle. The Crown demanded for an annuity of 40l. for the widow of an officer aged 41, and a lady aged 29, 16l. 12s. annually, besides 22 per cent. extra premium, in consideration of his profession. The Rock demanded for an officer aged 42, and a lady aged 36, an annual premium of 20l. 14s. for an annuity of 40l. The Guardian would charge the sum of. 18l. 16s. 8d. for an annuity of 40l. to the widow of an officer aged 37, that of his wife being 29. For a similar annuity, on the like contingency, supposing it not to become payable unless the husband shall survive 5 years, the annual payment would be 14l. 4s. 9d. When it is con-

sidered that the same amount is secured in the Army Medical Insurance Fund, on the payment of two guineas per annum while a bachelor, and of seven pounds while a married man, with a fine of twenty-five guineas on marriage, the utility of this institution must become fully manifest. To account for a difference so great as might almost throw doubts on the capability of the society to meet its engagements, it should be remembered that this society is conducted at an expense comparatively insignificant. The annual expenses of management are calculated never to exceed 150l. per annum.

The principles on which an institution of this kind is to be governed have been so clearly laid down by Mr. Davies, in the statement which guided the Army Insurance Fund in their late changes, that we foresee no difficulty whatever in effecting a similar establishment for the civil branch of the profession, if such a thing should be considered desirable. It must be borne in mind, however, that a higher rate of annual subscription for married men would become necessary, both on account of the greater uncertainty which must exist in civil life of securing the co-operation of bachelor members, and the greater expenses of management. It is probable that the lowest sum at which it would be prudent to attempt such an establishment for civil practitioners would be 10l. per annum. The other regulations of the Army Fund might be adopted without any material alteration.

We should be much gratified if the statement now laid before our readers should be the means of adding to the comfort and respectability of the medical profession. The incalculable benefits which a society similarly circumstanced (under the authority of an act of parliament) has conferred upon the clergy and professors of Scotland, and the prospects which now open to the medical department of the army, seem to warrant a further extension of the system. We cannot conclude without publicly acknowledging the benefit which the Army Insurance Fund has derived from the labours of Sir Wm. Franklin, whose accurate judgment first detected the errors in the original constitution of the society—whose unceasing care superintended the requisite changes in the regulations—and whose influence has been successfully exerted in reconciling all interests, and carrying the whole into complete effect.

MR. LAWRENCE AND THE COLLEGE OF SURGEONS.

Mr. Lawrence has been elected a member of the Court of Assistants of the College of Surgeons, in the room of the late Sir Patrick Macgregor. We understand that the nomination was proposed by Mr. Abernethy, and seconded by Sir A. Cooper; and that, of those present, eight voted for Mr. Lawrence's admission and seven against it—giving a majority of one in his favour. At present we forbear to make any remarks upon the subject; indeed we have not yet heard what Mr. Lawrence intends to do on the occasion, and therefore any thing we may have to say would at present be premature.

It is said that one of the members of the Court of Examiners means to resign, in consequence of the election above-mentioned.

EXTRAORDINARY OPERATIONS.

In one of our early numbers we gave some instances of a growing passion in this country for the performance of "extraordinary operations;" and speaking of our own surgeons as compared to those of the continent, we said, "the latter venture on operations so

daring, that most English surgeons would shrink from performing them." It is not, however, the *boldness* which we condemn, but the desire to operate, or, to express it more courteously, the consenting to operate without taking sufficiently into account the peril to which the patient is exposed, as weighed against the chance of benefit. The good effect of extraordinary boldness, combined with great skill, was strikingly illustrated in the case of extirpation of the uterus, related by Dr. Blundell, in a recent number of the Gazette. On the other hand, the danger of operative skill without sufficient caution, is exemplified in the following extract of a letter from Berlin :—

"Berlin, August 5.

"To-day I was present at a Cæsarean operation, in consequence of supposed extra-uterine conception. Dieffenbach was the operator, and several of the first obstetric professors were present, and most of them examined the woman. She appeared healthy, and was 22 years of age. The professors fancied they felt the movements of the child, and the woman herself thought so too. I declared myself, and said so previous to the operation, that I thought the symptoms were not sufficiently clear to warrant such an operation. It was performed with considerable skill, but *no fœtus was to be found—no tumor—no enlargement of any viscus:* and, therefore, they were obliged to close the abdomen, having done nothing! Mr. Carpue is here, and was present, and predicts the recovery of the patient, which I think will be almost miraculous, after an hour's torture upon the operating table, and the terrible inflammation that must ensue."

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Tumor in the Neck.

A WOMAN, aged 35, residing in the country, had a most enormous tumor attached to the side of the head and neck; and was accidentally seen by Sir A. Cooper, who advised her to come to town, in order to be admitted into Guy's hospital, as he thought that something might be done for her relief. She accordingly came, and was placed under the care of Mr. Morgan.

The history given by the patient was, that the tumor had existed sixteen years, and had first made its appearance below the lower jaw. Its relative size and form may be learned from the engraving. It extended on the side of the head as high as to the zygomatic arch, pushing up the lower part of the cartilage of the ear. Below, it overlapped considerably the clavicle; but the fingers might be pushed up behind it so as to feel the upper edge of that bone. In front its boundary was the symphysis of the lower jaw; while behind, its surface was on a level with that of the back of the neck. The whole tumor was covered by large, broad, and rounded elevations, little prominent, with corresponding depressions, which gave it an irregular undulated appearance. Its feel was elastic, especially in the most prominent point, but very firm. The colour was little different from that of the skin, except at the most elastic part, which had a faint purplish tinge, with minute red vessels ramifying over it. There was nothing like a varicose vein in any part of the surface of the tumor. With regard to its attachments, it seemed but loosely fixed, except where it was in contact with the lower jaw, to which it appeared to be firmly adherent. It was proved afterwards, however, that this was a deception, as the tumor had not firmer adhesions in that part of its base than in any other.

The patient was of a very quiet, unirritable habit; although during her stay in the hospital, probably from being visited so often by strangers, and from the anxiety produced by her state, she had occasional attacks of slight fever, which twice caused the operation to be postponed.

Operation.—August 12th. The patient was laid on her back, a little inclining to the left side, the head being slightly raised. Mr. Morgan commenced by making two incisions of the length of the tumor, which embraced a part of the skin covering it, but still leaving enough of skin on each side to cover the wound which would be produced. He then dissected the most anterior of these flaps, as far as the lower jaw. Here an artery was cut through, corresponding in size and situation to the facial. Only a few ounces of blood were lost from it, and it was im-

mediately secured. The posterior flap was then separated, as far as the base of the tumor. Then beginning from below, Mr. Morgan separated the mass from its attachments, principally with the fore-finger, using the knife only to cut through the vessels, or to divide the more firm adhesions. In this stage of the operation seven other arteries, all of which were smaller than that first tied, were divided and secured by ligatures, scarcely a drop of blood being lost from one or two of them, as the operator, or an assistant, first laid hold of them with the finger and thumb, and compressed them firmly, until a ligature had been put round them. Almost all these vessels appeared to arise from branches which were high upon the neck, and superficial. The platysma myoides covered the tumor, and the sterno-mastoid muscle was immediately under it. It was adherent also to the sheath of the carotid, and to the parotid gland. From this account of the anatomical connexions of the mass, it would appear probable that it had first commenced in the enlargement of some of the superficial absorbent glands of the neck; and this supposition agrees with the patient's own account of it—viz. that it began as a small tumor immediately under the lower jaw. The operation being concluded, the flaps of skin were brought over the wound, and fixed in the usual manner.

The quantity of blood lost has been estimated at from eight to twelve ounces. The tumor weighed 6 lbs. 6 oz.

Dissection of the Tumor.—Before making an opening into the tumor, Dr. Hodgkin, who conducts the post mortem examinations at this hospital, remarked that, as far as he could judge from its external character, its dissection would support an opinion which he had formed of the mode in which nearly all the new structures met with in the human body are produced. He thought that, in their earliest stage, they consisted of one or more cysts, lined with a serous secreting membrane; that other smaller cysts being developed upon the inner surface of the larger one, pushed forward the lining membrane, so as to form a covering for themselves, which became reflected in the same way as the tunica reflexa of the uterus. These smaller cysts continued to enlarge until they filled the cavity of the larger one. What that cavity had been originally filled by, the doctor did not say—probably fluid. If we understood him aright, the smaller cysts contained the solid matter of the new structure, which he appeared to think was much the same in all tumors at their commencement, whether they were scirrhous, sarcomatous, or encephaloid. Now if the new growth were cut through at this stage of its production, provided the section were made parallel to the long diameter of the inner cysts, an appearance would be produced which is exactly that usually ascribed to scirrhus—viz. a solid matter, with firm membranous bands radiating through it from one point; this point being that from which the cysts arise, while the fibrous bands were the cut edges of the cysts. In process of time, as new cysts arose from nearly the same point of the internal surface of the primary sac, the more central, and those first produced, having their necks so tightly girt by the pressure around, were strangulated and died; and then going into a process between suppuration and putrefaction, produced the various kinds of cheesy, cerebriform, and semi-purulent productions. The cysts containing these giving way, their contents were discharged, leaving a deep cavity, while the surrounding entire cysts, continuing to grow, produced the thick, prominent, everted, and fungus-like edges which characterize malignant ulcerations.

Dr. Hodgkin remarked that this opinion was not quite original, but that most of those who had entertained a similar one had spoken of the cysts as hydatids.

He then proceeded to dissect the tumor in such a way as to exhibit this structure, cutting through the external covering, which was a very strong layer of condensed cellular membrane. He attempted to separate from each other the lobules, of which the whole mass appeared to be composed, but which were so firmly adherent to each other that it was impossible to disunite them to any depth, and the attempt was therefore not continued. The doctor then made a section through the centre, when a large quantity of fluid ran out, from a cavity which occupied the internal parts of the tumor. This fluid was of a brownish colour, but transparent. The solid parietes of the cavity were not above two inches in thickness; in

some parts less. Their structure was very similar to that of true scirrhus—viz. a white, solid, elastic matter, with fibrous bands running through it. The walls were thinnest at some of the most projecting points, and it appeared as if here the fluid would soon have made its way to the surface. The patient may, therefore, congratulate herself on the tumor being removed so opportunely.

18th.—Up to the sixth day from the operation there had not been an unfavourable symptom, and when the dressings were changed on that day, the wound appeared to be healed to a very great extent by the first intention.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Compound Fracture of the Clavicle.

John Dilloway, a healthy boy, æt. 14, was admitted in Colston's ward on the morning of the 11th July, having a contused and lacerated wound of the right side of the neck, extending downwards towards the sternum.

He stated that he was employed to work at a block machinery, and stooping down towards one of the wheels, which was moving round, it caught his neck-cloth and pulled him down.

The wound was about four inches in extent, commencing just below the angle of the jaw, and terminating a little below the clavicle, near its sternal end. The bone of the clavicle was exposed, and fractured in two places, about opposite to that part where the subclavian vessels pass under the bone. At the bottom of the wound, which was very much lacerated, there was seen the anterior part of the second rib; it was denuded, but not fractured. The subclavian artery was felt throbbing in this situation, and the vein was lying over it exposed to view. There was a considerable degree of emphysema around the wound, extending over the chest and into the axilla. The boy complained of great pain in these parts, and also of slight pain in his head. On examining his right hand, the top of the middle finger was found to have been jammed off.

The wound was closed, the edges of it being brought together by means of two sutures, and a compress laid over the wound. The right arm was secured by a bandage passed round the chest.

Ordered, Hyd. Sub. gr. iij. Pulv. Jalap, gr. x. statim.

Vespere.—Quiet; pulse 96, full, and resisting. Bowels had not been opened by the medicine. Ordered house physic: an enema, if requisite. The emphysema seemed extending into the axilla. He complained of great pain in the wound, and the whole of the right side of the neck was much swelled.

12.—The bowels were opened last night without the assistance of the enema. Slept nearly all night. There was less pain in the wound, and the swelling of the parts around had considerably gone down. Pulse 80, full, but less resisting. The emphysema which was observed round the wound was to-day diminished, and only felt in the axilla, and in a slight degree.

Ordered to lose ℥xij. ounces of blood, and a poultice to be applied over the dressings.

Vespere.—There was much more pain in the wound, and he complained of pain in his bowels, although he could bear considerable pressure upon the abdomen without inconvenience. The skin was very hot; pulse rather sharp, but compressible. The blood taken from him in the morning was buffed, but not cupped. Tongue moist.

13.—Going on very well; slept nearly all night; no pain in the wound.

14.—The pulse got up in the night, and the house surgeon bled him this morning to 12 ounces. The blood was more buffed than the last, and the coagulum firmer. Has not slept so well in

the night. Pain in the bowels not so great; more pain in the wound; rather feverish.

Ordered, Mist. Salina, c. Liquor. Antim. Tart. 3j. 6tis horis.

16.—The wound looking very healthy; all the emphysema has disappeared; sleeps well, and his appetite has returned. Pulse 96, not hard.

Ordered, Pul. Jalap, gr. xv. Hyd. Sub. gr. ij. statim.

25.—Going on well; no bad symptoms; pulse natural; appetite good.

August 6.—Left off the bandage. The arm was stiff, but the bones have united. The wound not quite healed.

PARIS HOSPITALS.

Aneurism of the Posterior Tibial Artery treated by Compression.

A MAN, between 20 and 25 years of age, entered, about a month ago, into the Hôtel Dieu, and was placed under the care of M. Sanson. The night before he had received from a person with whom he had quarrelled, a wound with a knife, running from behind forwards, and from within outwards, on the left ankle. Considerable bleeding took place immediately after the injury. On his admission the ankle was enormously swelled, and had a purple colour from the extravasated blood. The hæmorrhage, however, had been averted by a bandage. Two or three days after, the use of compression on the crural artery, together with bandaging, a rigorous diet, and one bleeding from the arm, had produced little diminution of the tumefaction. The wound had cicatrised, but the finger, applied to the part, was raised very sensibly by the pulsation, particularly in the vicinity of the cicatrix, which, indeed, seemed ready to burst.

The danger which was to be apprehended from the parts giving way, and the little success generally attendant on the treatment of such cases by compression, made M. Dupuytren inclined to advise the application of a ligature to the crural artery; but, at the request of M. Sanson, the operation was deferred for a few days, and a trial given to compression. The patient was watched with attention, and the bandages carefully applied; two bleedings were practised, and a rigid diet enforced. By these means the swelling diminished by degrees, and the ecchymosis disappeared. M. Sanson, however, having felt on the 18th of July, (being the six or seventh day of the bandaging, and the twentieth from the receipt of the wound,) a marked pulsation round the cicatrix, thought the operation decidedly indicated, and the patient was brought into the theatre.

Although the bandage, when it pressed upon the peroneal artery, evidently suppressed the pulsations, and led to the belief that this was the vessel which furnished the blood, MM. Dupuytren and Sanson were not the less decided in applying the ligature to the crural artery. The difficulty of finding and tying the peroneal artery were the motives of this determination.

Every thing was ready, and they were about to proceed to the operation, when, on undoing the bandage, and making a careful examination of the limb, they were not a little surprised to find that there were no remains of tumefaction, extravasation, or pulsation; neither was any thing to be felt by the finger, except that, at a little distance from the cicatrix, M. Dupuytren thought there was a slight thrill perceptible. The day before, M. Sanson had felt the pulsations, so that the artery must have become obliterated within the last 24 hours. The patient was replaced in bed, the bandages re-adjusted, and, on the 28th, a fresh examination confirmed the idea of the aneurism being cured. It appears, however, that the patient having begun to walk too soon, the pulsation round the cicatrix had returned, so that the ultimate result of the case is not yet known.

It is stated in the Clinique, that M. Sanson has succeeded in curing several cases of false primitive aneurism, by compression.

Tetanus cured by the external application of Acetate of Morphia.

CASE I.—Maria Ursin, 28 years of age, of a scrofulous habit, was admitted into La Salpetriere for an ulcer situated on the left external malleolus, and which had laid bare the tendon of the peroneus longus. On the 10th June, 1824, the pupil who dressed the wound pulled the tendon which was bare, and gave rise to severe pains, that lasted ten minutes, and were accompanied by vomiting and general uneasiness. An hour afterwards there was creeping sensation felt along the left leg. The woman fell, and lost her recollection. The jaws were

firmly closed against each other; the muscles of the neck in a state of considerable rigidity; the belly swollen, and hard; the legs convulsively bent, without the power of extending them; the eyes fixed; the cheeks drawn in, and the pulse hard and frequent.

Bleeding to three pallets, and 20 leeches to the anus.

Two hours after, the patient was in the same state. (Warm bath for one hour.) No change occurred. Mercurial frictions on the legs and neck were then employed without benefit, as well as a blister to the neck, and sudorific drinks.

Wishing to try the endermic method of M. Lambert, a quarter of a grain of acetate of morphia was mixed with a very small quantity of cerate, and applied upon the surface of the blistered part at ten o'clock in the morning, the second day of the disease. The trismus gave way entirely, but the rigidity of the neck persisting, the dose of the acetate was doubled at eight o'clock in the evening. Three hours afterwards, the spasms had ceased; the night was calm, and the next day no appearance of the disease, excepting lassitude, remained.

Case II. *Spontaneous Tetanus.*—Margaret Broin, of a nervous temperament and delicate habit, having been five years at La Salpetriere, in the ward of Incurables, on account of *Dartres*, which occupied the internal parts of the limbs, was walking, on the 23d July, with an epileptic patient, who was seized with a fit, and fell into her arms. Margaret fainted away, and upon returning to her ward she was about to relate what had happened to her, but was interrupted in her recital by the occurrence of convulsions. Her face was drawn upwards and backwards, the jaws closed and fixed, the fore-arms powerfully bent, the neck bent backwards, and the whole body was in a state of rigidity. At eleven o'clock a small blister was placed on the neck, which was removed at three o'clock in the afternoon, and the surface was sprinkled with a quarter of a grain of acetate of morphia. At six o'clock the trismus had disappeared, but the other symptoms remained. Another quarter of a grain of the acetate was applied. At ten o'clock the fore-arms could be extended. It was only in the course of the night that the muscles of the neck, face, and eyes, recovered their natural action. At seven o'clock in the morning the disease was gone, and on the 25th July the patient was able to employ herself in her usual occupations.

[The above, though given in the Clinique as a case of spontaneous tetanus, was obviously nothing more than hysteria.]

CASE OF DISTRESS.

We have pleasure in announcing the amount of subscriptions received for the Distressed Medical Gentleman and Family, alluded to in a former number of our Gazette. Having received the most satisfactory proofs of the applicant being a fit object of sympathy, we again venture to recommend his case to the benevolence of our readers.

Amount already received... £84 13 0

Subscriptions received by Messrs. Longman and Co.; Mr. Warner, Army Laboratory, Great Ryder-Street, St. James's; at the Medical Hall, Piccadilly; Lancet Office, Strand; by Mr. Reed, Mr. Weiss, and Messrs Stodart, Surgeons' Instrument-Makers; Messrs. Callow and Wilson, Cox and Son, and Mr. Highley, Booksellers.

LITERARY ANNOUNCEMENT.

An Essay on the Operation of Poison upon the Living Body, by Mr. Morgan and Dr. Addison, of Guy's Hospital, will very shortly be published.

BOOKS RECEIVED FOR REVIEW.

Military Medical Reports, containing Pathological and Practical Observations, illustrating the Diseases of Warm Climates. By James M'Cabe, M.D. &c.

Observations on the Cheltenham Waters, and Diseases in which they are recommended. By James M'Cabe, M.D. To which is annexed, an Analysis of the Salts and Waters, by several very eminent Chemists.

A Practical Essay on Stricture of the Rectum, illustrated by Cases, &c. &c. By F. Salmon, one of the Surgeons to the General Dispensary, Aldersgate-Street. The Second Edition. 1828.

Plain Observations on the Management of Children during the First Month. London, 1828.

NOTICES.

The communications of "G."—"Eblanensis"—"G. M."—"Mr. Estlin"—and "H. M. T." have been received.

ERRATUM.

In our last number, page 322, col. 2, line six from the bottom, *dele* "in seasons."

W. Wilson, Printer, 57, Skinner-Street, London.

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SELECTIONS

FROM

LECTURES ON THE PRACTICE OF PHYSIC.

By W. F. Chambers, M.D. F.R.S.

Physician to St. George's Hospital.

[Continued from page 327.]

Having mentioned ventilation as highly beneficial to those who are suffering from an attack of fever, I will advert shortly, before we enter on the consideration of the predisposing causes of fever, to a subject in some measure akin to that of ventilation—I mean fumigation.

Various means have been at different times used with the view of neutralizing the contagious property supposed to be inherent in this disease, and of purifying the apartments of the sick. Amongst these the most common mode of producing the effect in question is by the evaporation of acetic acid—a fluid which is easily volatilized, and in its concentrated form is evaporable even without the application of heat. But as considerable doubts were entertained by the believers in contagion of the efficacy of this agent in producing any specific effect on the contagious atmosphere, it was proposed to use in its stead muriatic acid, evolved from the muriate of soda by the addition of sulphuric acid. This, however, as offensive to the organs of respiration, and highly deleterious, was superseded by the nitrous acid fumigation proposed by Dr. Carmichael Smyth, for which he obtained a parliamentary reward. His directions are, in order to fumigate a cube of ten feet, to pour two drachms of sulphuric acid on four drachms of coarsely powdered nitrate of potass, in a china cup, which is to be placed in a pipkin of hot sand, and to diffuse the vapour evolved throughout the room.

Before, however, the promulgation of Dr. Smyth's method, Morveau had proposed that oxymuriatic acid (chlorine) should be used as a fumigation. This is produced very readily by pouring six drachms of sulphuric acid on a mixture consisting of four drachms of powdered manganese, an ounce of muriate of soda, and two drachms of water. Here the sulphuric acid decomposes the muriate of soda; the hydrogen of the muriatic acid thus evolved combines with the oxygen of the manganese, and the chlorine is let loose.

This gas also, even when largely diluted with atmospheric air, is offensive to the lungs and injurious to life, and therefore cannot be used unless the sick are previously removed from the chamber to be fumigated.

Such are the principal means used for fumigation; the best of which is undoubtedly that of Dr. C. Smyth. But I think, after all, medical men of the present day are pretty well agreed that fresh air, I mean free *ventilation*, is better than all the methods of *fumigation* which have been suggested.

THE PREDISPOSING CAUSES OF CONTINUED FEVER.

One of the principal predisposing causes of continued fever is undoubtedly general depression of the animal and vital powers. Hence it is that deficiency of nutriment, in seasons of scarcity and distress, has been almost invariably the forerunner or concomitant of the disease of which we are

speaking; and if to the effects of scarcity and starvation be added those of closeness of habitation, uncleanliness of person, furniture, and apparel, together with the accumulated filth of lanes and alleys, never visited by the scavenger, the full measure of predispositions will be at hand to assist the exciting cause in producing fevers of the most aggravated severity. It cannot, therefore, be a matter of surprise, in some crowded cities in which poverty and want prevail more extensively and continually among the lower classes of the people than in London, as in Dublin, Cork, and some others of the populous towns in Ireland, that fever should be generally prevalent; and, in seasons of unusual distress, should rage to an extent utterly unknown in this metropolis.

The Fever-house in London was opened in the year 1802, and was deemed necessary on account of the prevalence of an epidemic which followed two years of extraordinary scarcity, 1799 and 1800; which epidemic did not cease until a year or two after the establishment of the House of Recovery; so long was it before the effects of the dearness and scarcity of provisions, as an accessory cause of fever, were exhausted.*

The fever described in Dr. Bateman's little work, occurred in the year 1817, and was, in his opinion, a disease of greater extent and severity than the former epidemic. He observes respecting it, "that it might have been expected, indeed, that the present epidemic would exceed the last in the extent of its course, since it occurred at a period of unparalleled distress among the labouring poor; when the loss of employment occasioned by the termination of the war, and the suspension of the manufactories, concurred with the failing harvest of 1816 to increase the difficulties of procuring subsistence."

But it is not necessary to refer to former years for illustrations of this point, since it is impossible to overlook the consequences of the late distresses† amongst the manufacturing population in multiplying the cases of fever, which the late humid seasons would have, at any rate, to a certain extent, produced.

It is true that the epidemic lately prevalent did not exclusively attack those who had been suffering from distress and famine, inasmuch as here and there individuals of a higher rank in society, and in better circumstances of life, were assailed by it; although a very large majority of the instances of the disease certainly occurred in the starving population of the manufacturing districts.

The fact, however, that the fever has sometimes prevailed without the obvious interposition of this accessory cause, only proves what it is of importance that we should distinctly recollect, that deficiency of nutriment is not an exciting, but only a predisposing cause of fever.

And I trust I need not now say, that we hold that whilst a predisposing cause is in itself incapable, without the assistance of the exciting cause, of producing any disease, the exciting cause, on the contrary, if of sufficient intensity, can, without any assistance from the ordinary predisponents to the disease, produce it at once in an individual whose susceptibilities have not been previously increased;—that is, that though in this instance we believe that distress and scanty nutriment have rendered many liable to fever who have been exposed only to a diluted or feeble febrific atmosphere, and would have, therefore, under other circumstances, entirely escaped it; yet it is no less certain that the very extraordinary seasons which we have lately witnessed, have in many instances, generated so dense and concentrated a miasma, or exciting cause of fever, as to produce it in those who had no previous disposition to it, and who would, therefore, probably have escaped the disease, had the febrific qualities of the air been of a less intensely deleterious character.

Having now completed the consideration of the causes of this disease, we will proceed to describe its *symptoms* and *pathology*. Before, however, I commence this portion of our subject, I wish to forewarn you that you will recognise in the lineaments of this species of fever many, or rather most, of the features of that disease which was the last subject of our consideration —I mean remittent fever.

In observing, therefore, the difficulty which, after the description of the symptoms, will still be very evident in establishing the diagnosis between these diseases, you may be assured that it de-

* *Vide* Bateman on Typhus.

† This was written three years ago.

pends neither on any defect in your powers of comprehending the distinction, nor (if I may be allowed to say so much of myself) on any failure in my capacity of describing the marks which constitute the difference in question.

For the symptoms of the two diseases are for the most part similar—I was going to say identical. Nor would there have been any great difficulty in describing continued fever as a variety of the remittent species, inasmuch as some instances of the latter do not differ more from others of the same disease than some cases of continued fever differ from certain instances of remittent; and it is a remarkable circumstance also, that the pathology of the two diseases is by no means dissimilar; that the results of those morbid actions which constitute the two affections are very like each other; and that the treatment of one does not differ from the treatment of the other more than we find to be usual amongst the varieties of the same disease.

A distinction, however, between these two diseases, has been generally made by former writers and teachers of medicine. It is founded on the supposed difference between their respective exciting causes; the former disease (remittent fever) being allowed to arise generally from some miasma or atmospheric peculiarity, and the latter being considered by a large majority of the profession to be attributable to a more mysterious source—I mean contagion. Yielding, therefore, to the prevalent custom of distinguishing the two diseases from each other, I will endeavour to describe those cases of continued fever which have the fewest features in common with remittents, and to show how their treatment differs from the treatment just now described as applicable to the latter disease, leaving it at the same time to be understood, that in those instances in which the disease we are now about to describe assumes more directly the remittent character, it must then be treated as if it were actually that species of fever, although it may be supposed to arise from a different exciting cause.

But to proceed to the

PATHOLOGY AND SYMPTOMS OF CONTINUED FEVER.

You recollect that we considered that as in intermittents and remittents the energies of the constitution appeared every day to overcome more or less the primary effect of the occasional cause, so in continued fevers we suppose that, instead of this *daily* contest, the primary cause of fever contends with the reactive force of the constitution for many days, or even many weeks, without cessation, and that during this lengthened process, severe injuries, and often fatal lesions, take place in several of the most important organs of the body.

We are now then about to enumerate the symptoms which are characteristic of this process, and the particular lesions which are its consequences. In the description of the symptoms, I shall venture, for the sake of attaining as much perspicuity as the subject admits of, to make a division of the whole course of the disease: *first*, into premonitory symptoms, which can perhaps scarcely be considered as parts of the fever itself; *secondly*, I propose to describe that stage of fever in which are included the cold stage and the subsequent stage of heat, and in which we may suppose those accumulations or determinations of blood to take place which lead to structural injuries. The stage in which these injuries occur we propose to make the *last* division of the symptoms.

The symptoms, then, we divide into—premonitory symptoms, symptoms of congestion, and symptoms of organic alteration or effusion.

We suppose that an individual, after a certain period from the time of exposure to the exciting cause, is attacked with the disease. This, which is called the latent period, is of uncertain duration; very different opinions have been given by various writers and teachers on this point, some naming a few hours as its ordinary length, and others extending it to several weeks. It is probable that the most common latent period of this disease, like that of many other febrile affections, is about ten days.

The first symptoms complained of are universal lassitude and inaptitude to exertion, with dull aching of the back and extremities, which is not removed or relieved by any posture or any quantity of repose. There is also generally a dull head-ache, in most instances under the os frontis, but in some few cases in the occiput. This pain of the head is sometimes accompanied also with sensations of giddiness and faintness.

After these symptoms have been observed for a day or two, there may be an interval of comparative vigour. Several times a day there is some little chilliness, followed by slight flushing, and then some clamminess of the surface; but these last for so short a time at first, and are so trifling in themselves, that they often escape remark. The pulse, under these circumstances, is in general weak, small, and sometimes intermitting; but at other times, although it is small, it retains its natural regularity and frequency. The tongue also is not at first morbidly affected, although the patient often complains of want of appetite and nausea. The bowels are nearly in a natural condition hitherto.

This state of things remains during very various periods of time; sometimes it will be followed in a very few hours by the intense disturbance of established fever, at other times it will hang about a person for several weeks before the unequivocal symptoms of the disease (of which we shall speak by and by) become manifest.

I remember, in the instance of a gentleman with whom I am acquainted, hearing that he called one morning on a very eminent physician (now no more), and told him that he felt a degree of physical depression and lassitude which he had never experienced before, and which he was at a loss to account for. He said the physician asked him a number of questions, looked at his tongue, and felt his pulse, and then told him that he was convinced there was very little the matter with him, and that the depression which he felt was evidently nervous. He prescribed some stimulating medicine for him, and sent him away. In the evening of the very same day he was attacked with delirium and fever of great severity, which lasted many weeks, and brought him to the brink of the grave.

I mention this merely to impress on your minds the fact that an appearance of perfect health, as far as obvious functions are concerned, is consistent with the near approach of a dangerous fever; and that, therefore, it is of the *greatest importance to be on your guard* with respect to the prognosis which you give, however natural may be the pulse and clean the tongue, if the patient describes his weakness as unusual and excessive.

So true is it that weariness unaccounted for by previous exertion is a sure sign of approaching disease: an old remark, which is no less just in our time than it was in the time of its author (Hippocrates), who says in his Aphorisms, that "spontaneous lassitude indicates disease."

I do not recollect how long the gentleman whose case I just now mentioned had suffered from the depression he described; but it is quite certain that this state sometimes lasts for several weeks before the fever is completely established. I have often myself learned from patients labouring under this disease, that they had been *ailing*, as they call it, a month or more before any such symptoms occurred as confined them to their beds or their houses.

Nor is the severity of the subsequent attack regulated always by the length of this period of debility and obscure ailment; although, perhaps, it may be laid down that, for the most part, the more violent fevers are preceded by a shorter term of premonitory disturbance than those of a milder character.

Those which we have just described are what may be called the *premonitory* symptoms of continued fever.

The next occurrence in the disease is distinct coldness and shrinking of the surface, with shiverings and horrors; and what is extraordinary, there is often observed at the same time with this sensation of coldness a very unpleasant degree of thirst, which is daily aggravated with the increased intensity of the disease.

The debility and sense of exhaustion before described as felt even in the premonitory stage, are now augmented to such an extent as to amount to absolute pains of the back, loins, and limbs, which are sometimes mistaken for rheumatism, and which oblige the patient to take to his bed

The pulse remains exceedingly weak, and sometimes intermitting or unsteady. (By an intermitting pulse, I mean one of which a pulsation is wanting at intervals: by an unsteady pulse, one of which the successive pulsations are of unequal strength.) The respiration also participates in the disturbance of the circulation, and is often irregular and laborious, and apt to be interrupted by sighings and yawnings. The tongue becomes smeared with a white, viscid coating upon a pale substratum.

The power of digestion now entirely fails, and the bowels are either obstinately costive or else a diarrhœa occurs, which may be attributed to the unusual state of the intestinal secretions; for now the mucous membrane of the tube itself secretes imperfectly a crude watery mucus, whilst the proper secretions of the liver and other abdominal viscera entirely fail. The bowels, therefore, are irritated into a state of constant purging of watery clay-coloured offensive stools.

The urine is now pale, in consequence of the kidneys being incapable of secreting the proper salts and colouring matter.

This stage of continued fever, which will be immediately recognised as corresponding to the cold portion of a paroxysm of intermittent or remittent fever, is, in continued fever, generally of short duration; for the patient soon finds that the chilliness is interrupted by slight and partial flushings of heat, till at length his whole body becomes warm. The pulse also becomes fuller and freer, and the other symptoms of the hot period of fever, which we will now proceed to describe at length, are developed.

This, then, is the commencement of the re-action of which we have spoken before: but it is important to recollect that it is not generally at once established, for many of the symptoms just mentioned will alternate several times with those of the first or the cold stage before the former take full possession of the patient;—for instance, the face will be flushed for a short time, the action of the heart will be accelerated, and slight confusion or giddiness will occur; and then again the patient will become cool, the pulse will again become small and fluttering, or intermitting, and every symptom of increased action in the head will disappear. This alternation will sometimes occur several times before the hot stage is confirmed.

We will now suppose that the hot stage has completely set in. You recollect that in the cold or commencing portion of the actual fever, we suppose that, in consequence of the general diminution of power in the nervous system, that the arterial system sympathizes with it, and distributes its contents imperfectly to the extreme vessels, and that thus the blood is retained in the larger trunks, and the capillaries are deprived of their share of the vital fluid. The heart, in this stage of the disease, acts feebly and imperfectly, and neither empties itself completely nor receives with sufficient readiness the refluent blood of the veins; hence there is often found, in the dissection of persons who are destroyed by the early attack of fever, congestion in the sinuses and venous trunks of the head, an accumulation of venous blood in the lungs, and a similar accumulation in all the vessels which supply the vena portarum with blood. But in this, the hot stage of the disease, the state of things is widely different. Here, in consequence of the reaction of the nervous system, as we have before said, and the sympathy with it of the heart and arteries, the blood is distributed vigorously to the extreme capillaries; but unfortunately this distribution, in common with that of the nervous influence, is neither regular nor equable. In fact, congestions of nervous energy, (if I may so speak) and consequent congestions of blood, are the very essence of fever.

Now, in severe fevers the head labours under active symptoms of arterial fulness, evinced by intense pain in the forehead and temples. In the worst cases the delirium is furious, putting on sometimes the aspect of mania; and even in milder fevers the pain in the head and throbbing of the temporal and carotid arteries are often violent, and are generally accompanied by more or less giddiness and confusion of intellect. This affection of the head is almost invariably attended with more or less of what is called jactitation, which means a perpetual restlessness or disposition in the patient to change his posture; and often by wakefulness. Sometimes the patient scarcely sleeps at all, at others he sleeps occasionally, but his sleep is imperfect and totally unrefreshing. The eyes are suffused with blood, and often intolerant of light, and the pupils are either dilated or too much contracted. The heat of the forehead, and indeed of the whole body, is very pungent to the hand when it is placed upon it. In severe cases the external senses are either depraved or in a state of preternatural excitement. It is not often that the cerebral congestion mounts to such a pitch as to produce absolute stupor of the mental faculties, without rupture of a vessel or effusion of serum into the ventricles;

but in plethoric subjects, when the sanguineous accumulation in the head of which we are speaking has been excessive, I have seen absolute stupor produced by it, with some symptoms of apoplexy.

There is another state, also produced by repletion of the cerebral vessels, which is very nearly as alarming as this, and is occasionally observed even in this early period of the disease, before it can be supposed that effusion can have taken place in the brain: I allude to that state in which the patient lies dozing all day, and apparently unconscious of surrounding objects, but can still be roused, and will answer questions, and otherwise do what he is desired, but invariably relapses into his former state of stupor as soon as he is left alone.

You see, then, that in this stage of the disease there may be any degree of cerebral fulness, producing, in slight cases, scarcely perceptible confusion, and in severer ones intense pain and throbbing, with maniacal delirium, or an almost complete apoplectic stupor. These, then, are the symptoms of febrile accumulation of blood in the head during the hot stage of this disease.

[To be continued.]

COMMENTS ON CORPULENCY.

By William Wadd, Esq. F.L.S.

(Concluded from page 332.)

Case VI.

"At 30 years of age he weighed twenty-three stone, ate and drank with great freedom, and in great abundance, and was withal so lethargic, that he frequently fell asleep in the act of eating, and this in company.

"He felt much inconvenience and alarm from these symptoms, and went to Edinburgh to consult Dr. Gregory: in pursuance of his advice, he took a great deal of exercise, lived sparingly, and slept little. The quantum of the former depended on the season, and on the power of the patient to bear fatigue. The prescribed diet consisted principally of *brown bread* and tea, the former having a considerable quantity of bran; but as it was necessary to fill the stomach, the patient ate a great quantity of apples; and to enable him to take the necessary exercise, he found a pint of port or sherry a-day indispensable. He retired to rest about eleven, and rose at four or five in the morning. The only medicine he took was three brisk cathartics a week. The precise time he continued under this rigorous system I have not ascertained; he is now thirty-eight, and has been well some years. He reduced himself to fifteen stone only, being a very large and bony man, and I understand that he now eats and drinks without any restraint; so much so, that it is thought he has of late got rather fatter, and may, without care, be again in the state from which he recovered."

Observations.—The memoranda of this case were given to me by a sensible friend, who, though an adept in the "savoir vivre," tempers good living with good discretion.

Under the judicious direction of Dr. Gregory, the patient was reduced *eight stone*, which is the most important fact in the narrative. The next is the importance attached to brown bread, or bread having a certain quantity of bran in it,—a very grand secret in the history of *panification*, from its practical application to medical purposes, the whole of the alimentary secretions being altered by a change in the quality of the bread, as I know of my own experience, by occasionally dining with some of the advocates of this *bruno-nian* system.

To observe that just medium, with respect to quantity, which is most conducive to a healthy state of stomach, demands not only attention but resolution. The *how much* must be determined by the individual; those who can abstain at the first sensation of satiety, and can resist the demands of appetite, have made great progress in the art of curing most chronic indispositions, of regaining health, and preserving it.

> Unerring Nature learn to follow close,
> For *quantum sufficit* is her just dose.

This, though a trite and familiar doctrine, cannot be too strongly or too often inculcated; in fact, "non satiari cibis" is a rule of health as old as Hippocrates.

Case VII.—*From a Country Physician.*

". . . . . Our fat patient fasts and grumbles, but keeps up his weight in a wonderful degree. 'C'est un personnage illustre dans son genre, et qui a

porté le talent de se bien nourrir, jusqu'où il pouvait aller; il ne semble né que pour la digestion.' I believe he would fatten on sawdust. There is one very important improvement in his symptoms. He can breathe better, and can lie in a recumbent posture, which he has not been able to do for many years. This alone keeps him to his 'régime forte et dure,'—for it is a curious circumstance, that after three months' starvation, as he calls it, he is not above ten pounds lighter in weight, though he is wonderfully lighter in his feelings. Every time I see him I have to contend with some cogent reason, which he urges with considerable humour, to prove that his constitution will suffer, all of which I have hitherto combatted successfully. Yesterday, however, he took a new position:—he had doubts on a moral ground.—'It is a bad example,' said he, 'for

> If all the world
> Should, in a fit of temperance, feed on pulse,
> Drink the clear stream, and nothing wear but frieze,
> Th' All-giver would be unthanked.'"

Observations.—The person alluded to in this letter, as might be supposed, died suddenly. He was a very sensible man, a perfect gentleman, a fine scholar, with a playful wit, that made him a most agreeable companion; and his temper was cast in that happy mould which "looks at every thing on its most favourable side." The doctor thought "he would fatten on sawdust," and truly, like Father Paul, "the little he took prospered with him." He grew fat in spite of starvation, which he enforced with some pertinacity, though he was constantly furnishing ingenious apologies for following the natural bent of his inclinations*. The most distressing symptom he had to contend with, was difficulty of breathing. He constantly complained of oppression about the præcordium, and he had all the symptoms of hydrothorax. But having seen many cases with similar symptoms, where fat impeded the functions of life, I was always impressed with the notion that it was fat, and not water, that oppressed the heart, and so it proved to be on examination.

'I had an opportunity of examining the body, which presented one of the most extraordinary internal accumulations of adeps I ever witnessed. The heart itself was a mass of fat. The omentum was a thick fat apron. The whole of the intestinal canal was imbedded in fat, as if melted tallow had been poured into the cavity of the abdomen; and the diaphragm and the parietes of the abdomen must have been strained to the utmost extent of their bearing to have sustained the extreme and constant pressure of such a weighty mass.

The mechanical obstruction to the functions of an organ essential to life were so great, that the wonder is, not that he should die, but that he should live. In very many cases of sudden death, charged to the account of apoplexy, I am perfectly convinced that the previous symptoms would be found, on inquiry, to be referrible to the heart and circulation, and the head has often been examined for causes which ought to have been sought for in the region of the hypogastrium. A sudden palpitation excited in the heart of a fat man, has often proved as fatal as a bullet through the thorax; and that it was the cause of death here is most probable. There was no organ or viscus diseased, nor can even the immense deposition of fat in this case, as far as simple animal organization is concerned, be considered as disease.

There are many fatal diseases connected with the accumulation of fat about the heart, particularly angina pectoris.

In Dr. Blackall's cases of angina pectoris, we find, Case 3, "the heart large and fat;" Case 4, "a great deal of fat in the anterior mediastinum." The same occurs in Dr. Wall's case and Dr. Fothergill's, in the Medical Observations and Inquiries. Also in a case by Mr. Paytherus.

Dr. Black, in a case of angina pectoris, in vol. vii. of Medico-Chirurgical Transactions, says, "the first striking appearance was the degree to which the cellular membrane was loaded with fat. The heart was loaded with fat." The

* A humorous author has given an account of a person of this kind, a worthy woman, who kept adding growth unto growth, "giving a sum of more to that which had too much," till the result was worthy of a Smithfield premium. This was not the triumph of any systematic diet for the production of fat; on the contrary, she lived abstemiously, diluting her food with pickles, acids, and keeping frequent fasts, in order to reduce her compass; but they were of no avail. Nature had planned an original tendency in her organization that was not to be overcome: she would have fatted on sour krout.

same in the case of Mr. M'Cormick, ibid.; and the Doctor notices, p. 82, the relation to obesity.

Case VIII.

A worthy, fat, hypochondriacal bachelor, sent for me one day to tell me that he was dying; that he had left directions I should open him for the benefit of mankind; and that, if it was important, it might be done immediately after the breath was out of his body, only taking care to pierce him through the heart, to prevent resuscitation. This *scena* was repeated at least once a year for twenty years; at last he died, with as good viscera as any gentleman of seventy-nine years of age was ever blessed with. He was one of those who studied the art of self-tormenting, a comfort which, unfortunately for those about him, he dispensed with a liberal hand. *Pity* seemed the pabulum of his life; and to exact commiseration for imaginary ills,

> Which real ills, and they alone could cure,

was the great object of his existence. *He ate well, drank well, slept well:* but what of that? He had "weak stomach and giddy head; flying gout, wind in his veins, and water in his skin, with constant crackings and burnings." His business seemed, seeking for new causes to make himself miserable.—"Your pulse is very good, Sir."—"Ay, so you say; every body says so! that pulse will be the death of me; my pulse deceives everybody, and my complaints are neglected because I happen to have a good pulse!"—"Your tongue, Sir, is clean."—"Ay, there it is again, you should have seen it in the morning—as white as a sheet of paper."

> The valetudinary, thus,
> Rings o'er and o'er his hourly fuss.

Observations.—It is truly said that "*qui medicè vivit, miserè vivit.*" There cannot be a more pitiable person than one who exists per force of physic, flannel, and barley water—drop their wine, weigh their meat, feel their pulse, examine their tongue, and make all their movements and meals by the regulation of the stop-watch. I know persons who, strange to say, are sufferers from the rigid regularity with which they eat, drink, and sleep. This is a city complaint, originally introduced by some of the Hamborough Van-Dams of the last century, whose movements resembled those of the figures of their own Dutch clocks, equally regular, and about as lively. These demi-Dutch invalids, who make the periods of eating, drinking, and sleeping, the chief *business* of life, may be considered as *eating valetudinarians*, who never fail to put the very important question—"What am I to eat?" This constant query of invalids is very seldom satisfactorily answered. We remember Sir Richard Jebb's sad failure about muffins and boiled turnips. Dr. Reynolds, who was in every respect an able practitioner, was the most ready with his answer to this question. He invariably recollected whether it was muffins, or crumpets, or *boiled* turnips, or *baked* pears, that he had recommended, and he never allowed one or the other of these *materiæ alimentaria* to be changed *without his positive order*,—and he was right, as will appear by the following anecdote:—

An eminent court-physician visiting a noble lady, the following scene took place: "Pray, doctor, do you think I might now venture on a slice of chicken and a single glass of Madeira, as I feel very faint and low?"—"Most certainly; I perceive nothing in the state of your ladyship's pulse, or the appearance of your tongue, to forbid so reasonable an indulgence." Her ladyship instantly rang the bell, and with more than usual peremptoriness of manner, desired the servant to order the doctor's carriage to the door immediately: then addressed him as follows: "Sir, there is your fee, and, depend upon it, it is the last you shall receive from me. I asked you a question, a serious question, Sir, to me, considering the very abstemious regimen to which I have so long submitted under your direction; and I think it full time to withdraw my confidence from a physician who delivers a professional opinion without any foundation; for you must be perfectly aware, Sir, that you neither felt my pulse nor examined my tongue."

Perhaps the most pertinent answer, after all, was that given by the celebrated Dr. Mandeville to the Earl of Macclesfield. "Doctor, is this wholesome?" "Does your lordship like it?"—"Yes." "Does it agree with your lordship?" "Yes."—"Why, then, it is wholesome." This was also the opinion of Lord Bacon, a tolerably good authority in matters of food as well as philosophy.

"There is a wisdom in this," says he, "beyond the rules of physic; a man's own observation what he finds good of, and what he finds hurt of, is the best physic to preserve health." So true is it that a man, according to the trite maxim, is a fool or a physician at forty.

Mems. relative to Diet.

The celebrated Dr. Franklin lived on bread and water for a fortnight, at the rate of ten pounds of bread per week, and was stout and hearty. But the most frugal system of house-keeping on record was that of Roger Crabb, the Buckinghamshire Hermit, in the 17th century, who allowed himself three farthings a week.

A gentleman who had been a prisoner, and obliged to live on a small quantity of barley, became so accustomed to eat very little, and very often, that he never sat down to regular meals, but carried biscuit and gingerbread nuts in his pocket, of which he ate from time to time.

Mr. ——, aged sixty, has for upwards of ten years only made one meal a-day.

Sir John Pringle knew a lady, ninety years of age, who lived on the pure fat of meat.

Mossop, the actor, is said to have been particularly attached to various food, according to the line of character he was to represent. Broth for one; roast pork for tyrants; steaks for *Measure for Measure*; boiled mutton for lovers; pudding for *Tancred*, &c.

Dr. Gower, of Chelmsford, had a patient who lived for ten years on a pint of tea daily, now and then chewing half-a-dozen raisins and almonds, but not swallowing them. Once a month she ate a bit of bread the size of a nutmeg; but frequently abstaining from food for many weeks together.

Dined with Dr. C—— this day (Nov. 6th, 1802); he mentioned a case of a gentleman who had never tasted fish, flesh, or fowl, but whose diet had constantly been bread and milk. He was once, in travelling, being very hungry, tempted to taste a small piece of chicken, but it had such an effect on him as to occasion fainting almost instantaneously.

Mrs. F., of Therfield, in Hertfordshire, now a stout healthy woman, never tasted animal food till she was twenty years of age.

Brassavolus reports of the younger daughter of Frederick, King of Naples, that she could not eat any kind of flesh, nor so much as taste of it; and as oft as she put any bit of it into her mouth she was seized with a vehement syncopé, and falling to the earth, and rolling herself thereupon, would lamentably shriek out. This she would continue to do for the space of half an hour after she was returned to herself.—Turner's *History of Remarkable Providences*, 1697, fol. Part II. c. 2, § 6.

The late Duke of Portland broke a blood vessel in his lungs when twenty-seven years of age. He was attended by Dr. Warren—forty ounces of blood were taken from him in a few hours. He lived on bread and water for six weeks, at the end of which time he was allowed *one boiled smelt*. From this time he lived with the most rigid temperance, and never drank wine or malt liquor. He took a dram of powdered bark every morning in a glass of water, which, with a moderate breakfast, was all he was in the habit of taking till a late dinner in the evening. In the early part of his life he was confined to his room three months at a time, with the gout. In the latter part of his life, though occasionally affected by it, it was never violent. His father was gouty, his mother not; his grandmother died of gout a little above forty years of age, 1803.

The Monks of Monte Santo (Mount Athos) never taste animal food; they live on vegetables, olives, and cheese. In 1806 one of their fraternity was in good health at the great age of one hundred and twenty years.

HENRY WELBY died 1636.

Flesh he abhorred, and wine, he drank small-beer—
Cow's milk and water-gruel were his cheer.

OFFLEY.

Offley, three dishes had of daily roast,
An egg, an apple, and (the third) a toast.

Hasselquist, in his travels in the Levant, relates the following singular fact:—"Above a thousand Abyssinians, who were destitute of provisions on a journey to Cairo, lived for two months on gum arabic, and arrived at Cairo without any unusual sickness or mortality."

In Queen Elizabeth's time the breakfast for "my lorde and my lady" consisted of "half a chyne of mutton, or ells a chyne of beef boiled;" and the

children had "a chikynge, or ells three mutton bonys boiled, with certain quarts of beer and wine."

Memsr relative to Digestion.

Francis Bathalia, the stone-eater, *it is said*, converted his flinty food into sand in seven days.

Mr. —— cannot digest an apple. it immediately causes pain in the stomach, like a stone, or any other hard body. He can, however, eat any quantity of toasted cheese.

Mr. —— cannot masticate rice: this simplest of all food he never eats, and this is the reason he assigns for it.

Sir James Earle and Dr. Robert Hallifax attended a child six years old, on whom scarlet strawberries constantly produced irritation in the urinary organs.

The small black currant from Zante is rarely or ever digested by children, though they are constantly in their puddings and pies.

Mrs. B. cannot take milk without being instantly affected by it. Disguised in any manner, it never fails to manifest its effects.

Donatus knew a young gentleman who could not eat an egg without its causing his lips to swell, and bringing purple spots out on his face.

Idiosyncrasy.

Some men there are, love not a gaping pig;
Some, that are mad, if they behold a cat.

So says Shakspeare; and it appears that the enemies of our nature work upon us, whether we are aware of them or not. In vain we demand a reason of ourselves for what we do or do not love.

That curious, sympathetic, wonder-working person, Sir Kenelm Digby, is, perhaps, the greatest detailer of singular fancies relating to antipathies and sympathies. He narrates the dire effects of flowers upon certain people, even to fainting and dying. So obnoxious was a rose to the Lady Hencage, that she had her cheek blistered, says Sir Kenelm, by laying a rose upon it while she was asleep. It is even stated that Cardinal Caraffa and a noble Venetian, one of the Barbarage, were confined to their palaces during the rose season, for fear of their lives!

Johannes e Querceto, a Parisian, and secretary to Francis the First, king of France, was forced to stop his nostrils with bread when there were any apples at table; and so offensive was the smell of them to him, that if an apple had been held near his nose, he would fall a-bleeding. Such a peculiar and innate hatred to apples had the noble family of Fystates, in Aquitain.—*Schenck. Obs. Med.* l. vii. 890.

I saw a noble Countess, saith Horstius, who (at the table of a Count) tasted of some udder of beef, had her lips suddenly swelled thereby, who, observing that I took notice of it, told me that she had no dislike to that kind of dish, but as oft as she did eat of it she was troubled in this manner, the cause of which she was utterly ignorant of.

Bruverinus knew a girl sixteen years of age, who, up to that time, had lived entirely on milk, and could not bear the smell of bread, the smallest particle of which she would discover by the smell.

An antipathy to pork is very common. Shenckius tells us of one who would immediately swoon as often as a pig was set before him, even though it be enclosed in paste: he falls down as one that is dead, nor doth he return to himself till the pig is taken from the table.

Marshal Albret fainted away whenever he saw the head of a boar. Hereupon Bussi forms a sort of ludicrous case of conscience, whether a man who was to fight against the Marshal, should, in honour, be allowed to carry with him in his left hand the head of a boar. I have seen, says Montaigne, some run away at the smell of apples, as if a musket were presented at them; others frightened out of their wits at a mouse, and others not able to abide the sight of cream, or the stirring of a feather-bed, without something very unseemly happening to them*.

* Quarterly Journal of Science, July 1828.

CASE OF ENLARGED BLADDER.

By J. B. Esilin, F.L.S.

To the Editor of the London Medical Gazette.

Sir,

As the following case of enlarged bladder may prove interesting to some of my professional brethren, I have much

* We have taken the liberty of condensing this paper a little.

pleasure, in giving it publicity through the medium of the Medical Gazette.

A gentleman, 54 years of age of age, consulted me in October 1827, in consequence of constant nausea and loss of appetite and strength. His tongue was foul and his bowels confined. The pulse indicated no morbid symptom. I ordered him some cathartics with calomel, and when he visited me two days afterwards he was somewhat better. I then prescribed for him an emetic and a bitter aperient infusion.

October 8.—Not much better. He informed me that for many months he has had some difficulty in passing his water; that a considerable quantity comes away in the day and night, but in small portions at a time, and often involuntarily and without any force. He assured me (and I place full reliance on the declaration) that he had never laboured under gonorrhœa or any other form of venereal complaint.

Repeat the Cathartics.

15th.—No better. Being anxious to ascertain the state of the urethra, I introduced a middle-sized bougie, which met with a degree of obstruction at six inches from the orifice that moderate pressure could not overcome; and as much pain was occasioned by the attempt, I desisted from it for the present.

18th.—I introduced a silver catheter, and found it pass into the bladder without any obstruction. A pint of urine was drawn off—a quantity much exceeding what he has passed at one time for many months.

19th.—He suffered much pain after the introduction of the catheter, and experienced not the least relief from the quantity of water removed from the bladder.

It was my intention to have passed the catheter again to-day, principally with the view of ascertaining if there were any calculus in the bladder impeding the passage of the urine into the urethra, but the canal remained in a very uneasy state from the employment of the instrument yesterday; and as he was under the necessity of going a journey on business in a day or two, I thought it better to delay the attempt.

30th.—He returned from his journey last night in all respects worse. He has constant nausea and he frequently passes urine involuntarily.

Cap. Pulv. Ipec. Comp. gr. xii. h. s.

31st.—Slept. Vomiting came on this morning and continued through the day. Bowels confined. Calomel, with other aperients, was prescribed.

Nov. 1st.—Vomiting very frequent. Bowels do not act. Calomel and opium given.

2d.—Vomiting incessant: the quantity brought up from the stomach is far more abundant than the fluid he swallows: the rejected matter is of dark colour and coffee-ground appearance. He has some slight alvine evacuations of similar fluid. A few ounces of blood were drawn from the arm: it was buffy. No relief experienced from the bleeding.

3d.—He becomes worse: the vomiting is unabated, and the ejecta are darker. The urine flows involuntarily, from two to three pints apparently in the 24 hours.

From the commencement of the vomiting he has had no power of taking food. Various liquids have been tried: soda water remains longest on the stomach.

Yesterday or to-day he directed my attention to a swelling in the abdomen, which had escaped my notice when I felt the epigastric region, and when I daily pressed the bowels to ascertain if any tenderness existed. I examined the tumor, and found it to be of an oblong form, situated in the right hypochondrium, about the outer edge of the rectus muscle, extending nearly from the eleventh rib to the right side of the symphysis pubis, and being particularly prominent about the situation of the inner abdominal ring. It somewhat distended the integuments so as to be perceptible to the eye, and might be considered to be about three inches in width.

His account of this swelling was imperfect, but he believes that he first discovered it last week, while he was absent on his journey. I was unable to satisfy myself as to its nature. It did not answer to the description of any kind of hernia. It was not elastic, nor could any fluctuation be discovered: it seemed to possess considerable solidity. No inflammation existed, as pressure did not detect any tenderness, nor was there any unusual tension over the rest of the abdomen. Turpentine injections were administered, and cathartics and opium taken by the mouth. The stomach rejects every thing, and the bowels are but slightly evacuated.

4th.—Worse in all respects; pulse 100; countenance bad; was bled again. Injections continued; no fecal evacuations; urine flows plentifully, but generally involuntarily.

5th.—Vomiting incessant. His strength appears to be rapidly giving way. No sustenance can be retained. Tongue brown. Pulse small. The tumor is larger, or the parietes of the abdomen, by sinking in, in consequence of his great emaciation, make it more apparent.

6th.—I was desirous of having another opinion on the case, and he was visited by my friend Mr. J. C. Swayne, surgeon of this city. Upon an attentive examination, as far as we could come to any conclusion, the tumor appeared to be a mass of internal disease, agglutinating the contiguous parts, pressing upon the bladder, and impeding the action of the intestines. By both of us the patient's speedy dissolution was expected. To his friends and himself the same event appeared so certain that he made a final settlement of his affairs with considerable effort. For the last two or three days he has spoken as if he anticipated a fatal termination. Small but frequent doses of cathartic extract, with opium and purgative injections, were ordered.

7th.—He becomes still worse; some delirium; urine continues to be evacuated, and there is no swelling immediately above the pubes. With the view, however, of exactly ascertaining the state of the bladder, and of assisting, by drawing off the water that might be there, the action of the bowels, we resolved upon introducing the catheter. So near did his death at this time appear to his friends that they earnestly entreated he should be subjected to no further inconvenience, but allowed to have an undisturbed release. These objections were of course overruled, and I introduced the catheter. It passed without any difficulty, and a forcible flow of urine through it occurred. The tumor immediately began to subside, and by the time about three pints of water had been drawn off it entirely disappeared.

The general nature of the disease was now apparent. It could not be doubted that the tumor was a preternatural enlargement of the bladder, and it seemed most probable that the elongated part was the internal coat protruded through the muscular coat; in consequence of which, the natural efforts of the bladder to expel its contents forced them into this cavity, instead of overcoming the cause of resistance at the neck of the bladder. To what extent any morbid impediment existed at the neck of the bladder it was not easy to determine. The catheter passed without obstruction, and examination per anum detected no disease of the prostate gland.

In a few hours, when the tumor began to form afresh, the urine was again drawn off; the vomiting lessened, and the pulse in the course of the day became firmer.

8th.—Vomiting less frequent; urine drawn off night and morning; the vesical tumor is formed some hours before the introduction of the catheter; some feculent evacuation followed the enema.

9th.—Vomiting nearly ceased; feculent discharges after the enemas; no power of voiding the urine, but it flows involuntarily upon the re-appearance of the swelling. He takes nourishment.

13th.—No vomiting; good alvine evacuations from the injections. He was taught to introduce the catheter himself, and directed to empty the bladder every five or six hours, so as to prevent the formation of the tumor.

20th.—Continues to improve. There is no involuntary discharge of urine, nor can he void any excepting by the assistance of the catheter. Mild alvetic pills act favourably upon the bowels.

His convalescence was slow but regular, and he is now (August 1828) returned to his usual state of health, excepting that he feels less strong than he was before his illness. He never allows the bladder to become so full as for any involuntary discharge to take place, or for the tumor to become perceptible. No voluntary power over the bladder has returned. Pain along the urethra is the indication of the necessity to introduce the catheter, and this generally occurs every five or six hours. He is able to walk about and use his accustomed exercise.

It is probable that some of your readers may feel surprise that the nature of this gentleman's complaint was not sooner detected. Without any attempt to dispute their penetration, or to justify my own want of it, I give the case just as it occurred in practice, with the hope that it may prove useful to others. Late as the knowledge of the disease

was obtained, it was a source of great satisfaction to me that it was procured in time to relieve the patient, instead of being discovered by a post mortem examination—a period to which alone at one time I looked for an explanation of the symptoms.

When the nature of an obscure disease has been unravelled, there is often but little difficulty in deciding upon the course that should have been pursued: but they who have been longest accustomed to medical practice can best estimate the difficulties with which the path of the practitioner is beset in cases of an ambiguous kind, where a valuable life is at stake, and where the hopes and fears and interests of anxious relations are contributing to perplex his mind and to increase his diffidence of his own judgment.—I am,

JOHN BISHOP ESTLIN,

Member of the Royal College of Surgeons, London, and of the Royal Medical Society, Edinburgh.

Bristol, August 16th, 1828.

OCULAR ADJUSTMENT.

To the Editors of the London Medical Gazette.

SIRS,

MR. WILLIAMS has taken up the subject of "ocular adjustment," in the No. 242 of the Lancet, and denied, through a series of Essays, that such a power exists in the eye, or that it is necessary. His reasoning, though I think it without precision, should certainly not be allowed to pass unnoticed.

Mr. W. has made an experiment by using a concave and convex lens, each of which modifies the rays of light passing to his eye. This effect he considers an imperfection of vision, and asks—"If the eye can conform to a focus which is supposed to be varied by distance, why not conteract the effect of the slightest refractor?" Now I ask first, what influence has the eye upon any external medium? for its office is to *receive* the object or rays so modified, and, according to the angle at which they impinge, to provide a relative spot on the retina, that their focus may reach it; and secondly, why is a common lens called "the slightest refractor?" every one knows its power.

This is the experiment which Mr. W. has triumphantly asserted will "satisfactorily shew that no such effect (adjustment) is ever produced." But, Sirs, listen to my experiment. Let an object be presented to an healthy eye, at a proper distance for distinct perception, and gradually approximated, the result will be that, as gradually, there is an increasing difficulty of perceiving it; but still approximated, the object becomes obscure, and the eye tired—of what? of endeavouring to accommodate itself to the altered position of the object. This may be tried with one eye, when there can be no deception from the adjustment of the *axis* of the eye: the sight is gradually bewildered, and the eye shews proportionate effort to regain its clearness, or, in other words, to adjust the retina to the altered position of the focus. This experiment cannot fail to persuade that the eye did not remain in a quiescent state, through the variations of distance at which objects presented themselves. That it *may*, I will readily grant; but that the eye has the power of altering itself to the focus must as readily be granted to me, if vision is more perfect when the endeavour is made than it is without it. The power of adjustment is limited; but because it is wanting after a certain point, it cannot on that account be denied altogether.

Again, let a good eye, unaccustomed to a concave lens, be made to view objects through it until vision is perfectly clear, and then withdraw it. Some time will be found to elapse before the eye will regain its usual power of discerning objects, having adjusted itself to another focus, and being obliged to alter in the same ratio with the varied incidence of rays passing to the eye.

What farther remains? Here are experiments to secure our original position, which might have an endless addition, and an ample refutation of those objections urged against it. It cannot be necessary to enter into an explanation of our theory, although Mr. W. has assailed us by a false interpretation of optical principles. Indeed I know not how to accommodate my reasoning to his; for he has attempted to argue (in No. 250) on a mathematical diagram, in which I can neither find his position, argument, or inference. This part of the story must be made more clear to us, and we solicit a farther explanation.

Mr. W. speaks freely of a "*focus*," "*rays of light*," &c. and professes to be familiar with optical principles. He doubtless will grant that a *focus* is properly defined, in reference to optics, as that point at which rays meet after passing through a transparent medium. He must grant, too, that the direction of those rays is materially influenced by the angle at which they impinge upon the medium. What abstruse calculation is required afterwards, to prove that the focus is not always the same?—or what mathematical diagram will be necessary to convince the world that the situation of the retina, the perceiving point, must be proportionately varied also? Yet these are optical principles, and contrary to the reasoning of Mr. Thomas Williams. His denial of ocular adjustment is but a tantamount denial of the principles just advanced.

Surely nothing can be built upon the fact that "the anatomist has dissected, and the physiologist reasoned in vain," to find "by what muscular power the organ of vision is adjusted."

Now, Sirs, I provoke Mr. W. to a farther explanation, because I firmly believe that there is yet something lurking within which must have prompted his industry to continue his investigations, since he has so repeatedly, and at such a distance of time, spoken to the same effect. I am, like him, an abominator of that plan which gives us a gospel faith in authorities, inasmuch as it gives plausibility to error, and bewilders the perception of him who imbibes it. Every man should study for himself—believe when he is convinced—but never be led away by one side of the question before every other is fairly exposed, and a proper selection made.

Should the above observations be in the course of your customary plan, their insertion will oblige

G. W.

VALUE OF BOTANY.—REPLY, &c.

To the Editor of the London Medical Gazette.

Sir,

Whether the common remark be true—that the reputation of a good botanist may consist with a very moderate portion of intellect—I will not now stay to inquire; but I believe it will readily be admitted that the letter upon which I am about to offer a few observations is a tolerably good practical illustration of its truth and justice. The gentleman who subscribes himself "A Botanist," in your last Gazette (36), evidently wishes to say something by way of answer to certain remarks of mine which appeared in a former Number. But what that something is, is by no means so evident. Taken in the most favourable point of view, his letter would appear to be a modest protest or remonstrance against what I had advanced: a defence of botany the writer surely cannot attempt to call it, as he has not said a single word in disproof of my assertions.

It is not quite clear that the gentleman well understood the subject upon which he undertook to write. In his first paragraph he affirms that my notice of Professor Allman was "actually an attack on botany and its professors generally;" but soon afterwards, having favoured us with some lines of distinction relative to diagnosis and phytography, and a quotation or two from some favourite anonymous author, he proves to a demonstration that diagnosis is not botany, and that therefore my "damnatory conclusions" do not apply to botany "properly so called!" Admirable logician!

Our botanist then proceeds to repeat my expression (*nec meus hic sermo*—it is unfortunately not mine: I have it from the lips of a botanical professor of high repute, who made no scruple of delivering it before a public audience), "that the chief business of botany consists in the naming of its tools;" and he adds authoritatively that this is *not* the case—"the naming of its tools is *not* the chief business of botany." My lord Peter, I am quite satisfied: *you* have said it; *therefore it is not*. Permit me, however, for a moment to suggest that more than nine-tenths of all the systematic botanical works that ever fell in my way were totally occupied with definitions, divisions, descriptions, classifications, and systematic arrangements. I speak of the Grammars, Introductions, Elements, Compendiums, Synopses, Floras, &c.; not forgetting the never-ending, obtrusive, and nauseating botanical articles which take up so large a share of that large work, the Cyclopædia of Rees. But the "Botanist" affirms that "it is *not* the case;"

therefore it is not. Nothing can be more satisfactory.

In the course of my acquaintance, Mr. Editor, with dialectics, I remember to have sometimes heard of a sophistical form of argument, called begging the question. Upon pursuing our botanist's train of reasoning, it struck me that he had a mind to play a little upon our discursive faculties, as well as upon our feelings; and that as a very sturdy and teazing beggar. It is you, Mr. Editor, whom he particularly addresses: "is it possible that *such a science* contracts the intellectual as well as the moral qualities? Had it such an effect upon the Rays, the Grews, the Sloanes, Bankeses, and the other great proficients in *the science?* Is this science to be deemed only worthy of a certain degree of consideration? Is it indeed so humble? Will it, or ought it, really to be lopped off as a useless branch of medical education?" And then he grows pathetic, and most piteously begs to know—"is botany, in truth, worse than useless to the practising physician?"—"Hard words, Mr. Editor," he continues to cry, until positively, for pity's sake, I would not care much, Mr. Editor, if you would take the poor fellow by the hand, and give him a little consolation.

After so touching an appeal to the passions, I must confess, Sir, it is with great diffidence that I offer one or two remarks more before I have done. The ingenious gentleman regrets that the limits of the Gazette preclude him from giving a detailed account of the extent and the advantages of botany. Very luckily they do: they thus spare the writer a supererogatory task, and they spare me the trouble of swallowing a dose of *crambe decies repetita.* There is no need of a panegyric or exposition of the objects, uses, or abuses of botany; I made a few plain remarks on *the science*, collaterally with one of its most distinguished professors; a gentleman steps forward as a champion, and takes up the gauntlet; but instead of rebutting my "attack," (as he is pleased to call it), he appeals to the bystanders whether I had not uttered "hard words,"—whether I had not said things calculated to give mortal offence to all true and trusty botanists. Then he goes on to pule about "raising the hoof against the dead lion." I wonder he did not quote the sage maxim, "de mortuis nil nisi bonum;" it were just as good, and just as conducive to the advancement of historical literature. I suppose we are henceforward to say not a word of the overweening and disgusting vanity of Buffon; and no doubt we should bury in oblivion what the late Sir J. E. Smith has left upon record relative to the "dead lion," Linnæus, when he censures that lion's "unbecoming and *highly ridiculous* conduct in speaking of himself as he did; even though his assertions were (of course they were) true and indisputable." Nor, are we to speak a disrepectful word of the *amiable* Rousseau (aye, the botanist), whom Dr. Johnson pronounced (no doubt "raising the hoof" too) to be one of the worst of men—whom three or four nations had expelled—and whom, to have protected, was the disgrace of England." Enough on this sore topic.

Botany I admit to be an amusing, and perhaps a *harmless* pursuit,—(though what I stated about the *significancy* of the terms still remains a stumbling-block to me, notwithstanding what the Botanist says in explanation, relating to "hemlock and the rose growing on the same spot,"—I confess this goes beyond my comprehension)—and I would advise those who have a taste for it, to gratify their bent; but what I deprecate is, the making *botany* part of the serious occupation of medical aspirants —a *sine qua non* to their degrees. This is surely to indulge a little too much in a good thing.

I know, Mr. Editor, that, tried by a jury of good and loyal botanists, a court composed of the members of gooseberry-clubs and tulip-fanciers, I should stand convicted of heresy and high treason. But conscious of the truth and importance of my assertions, and well aware that there are numbers of the best-informed physicians of the same persuasion as myself, I have not shrunk from giving publicity to my sentiments; at the same time, that had your correspondent, "the Botanist," proposed any thing in the way of my correction, or improvement, instead of a tirade "full of sound and fury, and signifying nothing," nobody would have felt more grateful to him than,

Sir,

Your most obedient servant,

EDLANENSIS.

August 12th, 1828.

RUPTURE OF THE UTERUS AT THE TIME OF QUICKENING.

To the Editor of the London Medical Gazette.

SIR,

THE following case has lately come under my observation, and having possession of the specimen, I shall be happy to show it to any gentleman curious in diseases of the uterus.

I am, Sir,
Your obedient servant,
J. O. ELSE.

Edward's Street, Portman-Square.

Rupture of the Uterus at the time of Quickening.

Mrs. ——, æt. 20, lost her life under the following circumstances:—She had been married about fifteen months, and, until the time of her conception, had enjoyed tolerable health; but since that period had suffered considerably from deep-seated pain in the back and uterine region, together with other symptoms threatening abortion.

Before her marriage, and up to the time of conception, she had experienced an unusual degree of pain at each menstrual period; and the catamenial discharge was exceedingly scanty. Her death appeared in some measure accelerated by an excursion to Greenwich, in company with her husband, as shortly after her arrival there she was attacked with vomiting and syncope, and in less than an hour she ceased to exist.

Upon examination it was discovered that a rent of about five inches in length had taken place in the uterus, extending itself from the cervix upwards at its anterior part, and rupturing a portion of the placenta. The fœtus lay in front of the uterus, enveloped by its internal membrane, and surrounded by coagulated blood, a quantity of which was also found between the intestines and in the cavity of the pelvis. The uterus itself was covered with dark-coloured spots, and easily lacerable; the ovaries were also in a state of disease—the one containing hydatids, the other with the same dark-coloured spots as the uterus. The fœtus appeared healthy, and is supposed by its movements to have caused the rupture of the uterus.

CAMBRIDGE DEGREES.

To the Editor of the London Medical Gazette.

SIR,

As you have inserted in a recent number of the Gazette an account of the examination at Cambridge for the first degree in medicine, and appended thereto an editorial inquiry, whether I will take upon myself to say that the questions must be answered in order to obtain such degree? I beg to say in reply, that it is not in general supposed or required that *every question* put in the course of an examination be answered; but that here, as in other cases, the nature of the examination shews the standard of qualification which the candidate is expected to possess, and that unless the answers to the questions were such as evinced a competent knowledge, the degree would undoubtedly be refused.

Your obedient servant,
VERAX.

August 18th, 1828.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity. By G. M. BURROWS, M.D. Member of the Royal College of Physicians of London, &c. &c.

(Continued from page 372.)

COMMENTARY V.

On the Vascular and Nervous Systems.—Perfect health depends upon the existence of a due balance between the nervous and vascular symptoms; but in every case of mental derangement these seem to be in opposition. Neither of these systems can receive an insulated impression, for both participate in whichever it may have originated. A moral impression is first carried to the brain, but this produces a sympathetic affection of the sanguineous system; even simple thought exercises a powerful influence on the circulation. Great calculators will pass days and nights

without sleep, and this depends upon an increased action of the vessels of the brain. Such a state, if allowed to continue, may produce delirium; but these pursuits being dependent upon volition, can be suspended.

Numerous illustrations are given, and various authorities quoted, to shew the connexion between the nervous and vascular systems, and particularly that the latter is in a state of excitement in mania; but we do not consider it necessary to enter upon this partof the subject.

Commentary VI.

Disorders of the Circulation.—There are two states of the circulation, which, though directly opposite to each other, have an immediate influence on the intellectual functions; first, when the blood in quantity, or momentum, is excessive; second, when in either of these respects it is defective.

1st.—Our author objects, with justice, to the synonymous use of the expressions plethora and sanguineous determination, either of which may exist without the other. When blood is sent to part with increased velocity, being, however, returned by the veins in a corresponding manner, it constitutes simple determination. Again, it may be sent with the natural degree of velocity, or the velocity may be above or below the natural standard; and if from any obstructing cause it be not returned by the veins in a corresponding manner, accumulation takes place; this constitutes plethora, or congestion; the former term, however, is the one adopted by Dr. Burrows.

Increased determination is a frequent cause of insanity; not so plethora, which is more apt to produce apoplexy, and similar affections.

No symptom is more frequent in attacks of insanity, in all its different forms, than preternatural heat of the scalp; while the temperature of the rest of the body is generally below its natural standard. It has been argued, particularly by Crichton, that mere determination to the head is not the cause of delirium; because in various states, as during active exercise, the pulse is frequent, and the face flushed, yet no delirium takes place; while on the other hand, the delirium, often in madness, and occasionally in fever, begins when the pulse is very little quickened, or even when it is not so at all. Dr. Burrows, however, argues, that "although delirium or insanity may not always be referred to fulness of blood in the brain, or to increased impetus in the heart's motion, yet it does not thence follow that there is no increased momentum in the circulation of the brain, for in local inflammations there is often indubitable increased local vascular action, without any or little disturbance of the general circulation. Why, therefore, should not an increased local action be maintained in the brain as well as in other parts, without a quick pulse, or the ordinary marks of determination to the head? In fact, nothing is more common in mental derangements than to find extraordinary heat of the scalp, throbbing arteries, and suffused eyes, and the pulse quite calm; and dissection repeatedly proves that such increased action in the brain had been going on when no symptom, while the patient lived, indicated it."

It is no doubt true, as stated by our author, that local derangements take place in the circulation without developing any corresponding condition of the general system. This implies that such condition has originated not from the impetus of the heart, or from participating in any general effect; but it does not imply that the increased local action is the first link in the chain of causation. There may be, and probably is, in madness, some condition of the brain anterior to and productive of increased vascular action; as, to give an illustration of a different nature,—desire produces increased local determination, and though the state of parts which results may re-act upon, and increase desire, still this last must be looked upon as having preceded the other. Our author next alludes to experiments on transfusion, particularly those of Dionis*; and in a note we have a curious case from the second volume of the Philosophical Transactions, in which transfusion was attended with complete success in curing a case of mania. The object in referring to these cases here appears to be for the purpose of supporting the position that mere mechanical (if we may so call them) changes in the state of the circulation are capable of producing mania; for in the case alluded to, the result "raises

* Cours d'Oper. de Chirurgie.

the presumption that some error in the circulating medium was in this instance the proximate cause of the insanity." Granting, however, that there is a "presumption" in this particular case, we submit that the sudden introduction of nine or ten ounces of blood, and the blood too of another animal (a calf) may fairly be supposed to exercise a greater influence on the system than merely correcting "some error in the circulating medium;" and at all events such changes in the circulation cannot be considered analogous to those irregularities in the distribution of the blood already in the body, the actual quantity and quality of which remain comparatively stationary.

It is a well known fact in pathology that one disease will sometimes suspend another, and that the one which is so suspended will again, in some instances, resume its course after the interruption is removed. These phenomena are frequently observed in cases of insanity.

"The effect of a new morbid action in superseding another already existing, is in no instance more forcibly exemplified than when fever, spontaneous or artificial, supervenes on insanity. Nor, perhaps, can stronger proof be adduced of the effect of the circulation on the intellectual faculties.

"Fever is a very common termination of a maniacal attack; and it will have this effect in cases where the condition of the circulation materially differs. In some insane persons the impetus of blood to the brain appears to be constant; in some, it is occasional only; in others, it is deficient, and the brain receives too little blood.

If an access of pyrexia do not effect a permanent cure, yet sometimes, so long as this new action continues, the understanding has been perfect, or much improved.

The essence of fever is probably increased action in the vascular system, however that may have originated. When, therefore, an attack of fever removes insanity in any of the three conditions of the circulation referred to, we may infer that in the first it relieves, by the new morbid action being more powerful than the existing one, and thereby superseding it; in the second, by equalising the deranged balance of the circulation; in the third, by imparting such a degree of momentum to the arterial impulse that sufficient blood is carried to the brain to restore its deteriorated energies.

"The most powerful remedies prescribed for the cure of insanity act by inducing artificial fever, *i. e.* by creating such an excitement in the system as increases the impetus of the circulation: of these, exercise, the bath, mercury, antimony, and tonics, are examples.

"The first effect of accelerated circulation is to increase the activity of the brain. This is often remarked on the accession of simple fever, as well as of incipient inflammation of certain parts of the encephalon. As sensation is more acute, the imagination becomes more vivid, and deprivation of sleep follows; and if the patient sinks into a momentary slumber, frightful images present themselves, and exhibit all the phenomena of delirium.

"An attack of typhus has, while it continued, restored reason, and even recollection, in cases of long-continued insanity; though, upon the subsidence of the fever, insanity has again recurred.

"Mr. Tuke mentions a case of a woman who had been fatuous for years, and who, being attacked with typhus fever, recovered a perfect recollection of persons and events; and who, upon the subsidence of the fever, was precisely in her former state of mental alienation*. Other authors refer to similar effects, though their histories of the cases of insanity are rarely sufficiently exact.

"Recovery of reason from the intervention of fever is so common, that I shall quote only one instance in my own practice.

"A gentleman, aged forty-five, in a state of melancholia, with a strong propensity to suicide, was walking with his keeper on Battersea Bridge. By a sudden effort he broke away, and jumped over into the Thames. It was on a Sunday, and as many boats were passing on the river, assistance was immediately given; but he resisted so much, that it was only by main force he was taken out of the water and conveyed to his residence.

"Having some distance to go in his wet clothes, he caught a violent cold, followed by rigors and a smart fever. For this I prescribed suitable remedies; but I took no notice, nor made

* Description of York Retreat, p. 137, in note.

any inquiry of him respecting his late rash attempt to destroy himself. During the fever he was quite docile and collected. When it had subsided, I reasoned with him on the subject. He confessed himself horror-struck on the reflection of the act he had committed, and entreated I never would again mention it. In fact his mind was entirely free from all delusion; and in a fortnight he returned home cured, and has remained well ten years.

"Persons of weak intellects, and even in a state of dementia, when that condition was not connate, or from mechanical injury, have, from an attack of fever, been known not only to be restored to reason, but to have acquired a degree of shrewdness exceeding their original capacity. Willis has an axiom, '*Interdùm febris quosdam stultos et stupidos sanavit, et acutiores reddidit*;'* and he cites several cases in proof of it."

The preceding illustrations relate to cases in which the quantity or momentum of the blood is augmented; but the opposite condition may equally exist, and it is demonstrable that if the brain be not furnished with an adequate supply of blood, its functions are imperfectly performed.

"Persons exhibit, in particular forms of mania, a peculiar pallor of the skin, accompanied with such extreme emaciation, that a deficiency in the supply of blood is strongly indicated. The capillary vessels on the surface seem completely exsanguined; and the frequent insusceptibility of such patients to all external sensations, seems to imply that the circulation in the cutaneous vessels is so languid as to have impaired the nervous power and influence."

Demency or fatuity is the form of derangement usually met with under such circumstances.

Commentary VII.

Anomalies in the Circulation.—Dr. Burrows, under this head, details some, and alludes to many more instances, in which there has been great irregularity in the circulation—one artery or set of arteries differing from the rest, both in the strength and *number* of pulsations. We confess that we have always entertained much scepticism on the latter point, though it is difficult to resist the direct and unqualified assertions of our author:—

"A young woman, aged 21, experienced a pecuniary loss, which affected her health and suppressed the catamenia. Soon after a severe attack of mania followed. Before the approach of a paroxysm, the pulse was greatly accelerated. In the course of a few hours, the pulsation of the right carotid became so strong as to be visible to the eye. *While the stroke of the radial artery was* 90, *that of the carotid was* 115 *or* 120, but irregular in force. At the same time she complained of a great rush of blood to the head, with a whizzing noise in her ears; afterwards the temporal arteries began to beat with greater force and celerity, and presently she became completely and furiously deranged."

That such discrepancies may be occasionally met with, it would be presumptuous to deny, merely because we have not ourselves met with them; but when our author goes on to speak of them as matters "indisputable," and almost of every day occurrence, we must enter our protest against his accuracy. We allude only to want of correspondence in the number of pulsations which gives to arteries an independent power of action: that the pulse is at one moment quick and another slow—in one part weak and another strong—are circumstances too well known to require illustration; but we never have met with any instance in which one artery beat more frequently than another *during the same period*. Experiments in which arteries are felt during two consecutive periods are good for nothing, so rapidly do numerical changes occur. Dr. M. Cox, who appears to have paid much attention to the pulse of insane persons, and alludes to the difference in the character of the pulse in different arteries, "makes no remark on the inequality or want of correspondence in the *number* of pulsations in these vessels."

The pulse of insane persons is very much influenced by their feelings; and while they often possess a remarkable power in preventing emotion from appearing in the countenance, they can scarcely, if at all, control the pulse; which Dr. Burrows, therefore, looks upon as an index of their condition.

Commentary VIII.

Hæmorrhagic Discharges.—Of these, the first mentioned by our author is

* De Stupiditate, p. 190.

menstruation, which he designates the "moral and physical barometer of the female constitution." The suppression of this function is apt to produce local determinations, as is familiar to us all; and among the diseases which are thus very frequently excited, "the hazard of insanity is imminent." Nevertheless, Dr. Burrows does not regard menstrual obstruction as a very frequent cause of insanity—he is "quite convinced that amenorrhœa is oftener a consequence of cerebral disturbance:" emmenagogues, under such circumstances, must be useless. It is, therefore, of importance to ascertain whether the suppression has been the cause or the consequence of the insanity; and perhaps all that can be said on this point is, that if it has preceded the mental affection, and been produced suddenly by cold, fright, or any of those circumstances known to give rise to menstrual obstruction, we may fairly look upon this as the cause of the insanity; but under other circumstances as one of its effects.

The period at which menstruation ceases is favourable to the development of mental disease: at this time females, losing their personal attractions, are apt to be distracted with jealousy; many become enthusiastically religious; and yet more take to the bottle,—all of which are "dangerous to the equanimity of the moral feelings and mental faculties."

Hæmorrhoidal discharge is one of which we hear much and see little. Esquirol says, that the suppression of the discharge of blood from piles is almost as prejudicial as of the menses in women; and the same opinion, variously modified, is to be found in most writers who have touched upon the subject. Have any of our readers frequently seen cerebral affections as the distinct and unequivocal result of suppression of hæmorrhoidal discharges? We confess that we look upon this as a very imaginary source of disease, which has been transferred from one author to another—a remnant of the humoral pathology. With regard to the disease more particularly under consideration, our author says, "the opinion that a discharge of blood from piles often proves critical and removes insanity, I have never seen confirmed." This remark, we are persuaded, applies with equal truth to many diseases in which the same cause has been supposed to operate.

Varicose discharge need merely be mentioned: few are so much tainted with the doctrine of revulsion as to look upon bleeding from a varicose vein as different from any other kind of hæmorrhage.

Nasal and other hæmorrhages may sometimes give relief in cerebral affections. "The propensity to suicide," says our author, "has often been cured by the hæmorrhage of a self-inflicted wound." It may admit of fair doubt, however, whether in such cases the bleeding is the only circumstance to which the curative effect may be attributed.

Commentary IX.

Diseases complicated with Insanity.—These are vertigo, epilepsy, convulsions, apoplexy, paralysis, catalepsy, hysteria, and hydropic effusions.

Vertigo is a disorder of the nervous system, dependent on the state of the circulation. There appear to be two kinds of it—

"The one arising from a too great impulse of blood in the cerebral vessels, and distinguished by rapid gyration in the head, succeeded sometimes by nausea or vomiting, and frequently by falling senseless; and the other, which, more correctly speaking, is a swimming, when objects seem as if approximating or receding from us and becoming dark, and which state proceeds from a defect in the supply or flow of blood, and assimilates more to that state which induces syncope. The latter is a symptom also of that condition of the system called asthenia.

"A careful observer will soon detect the one species of vertigo from the other, and avoid the fatal consequences of an error; for vertigo, whether arising from increased or decreased impetus of the blood, if its cause be mistaken, may produce mental derangement, as well as many other diseases."

It is of course very important to distinguish between these, as the treatment must be so different.

Epilepsy is frequently complicated with mental derangement. In both the impetus of blood to the head is often astonishingly great; in both the unfortunate patients frequently enjoy good health during the intervals; and there are many other points of resemblance. The insanity accompanied by epilepsy presents that dreadful disease in one of

its most dreadful forms; it is not, however, a hopeless variety of madness.

Convulsions are made the subject of a separate chapter; but we do not find any thing in it of sufficient importance for quotation.

Apoplexy is calculated by Esquirol as constituting a sixth of the physical causes of insanity; but Dr. Burrows thinks this too high an estimate. There is a disease which sometimes cuts off lunatics, and which has been confounded with sanguineous apoplexy.

"There is a peculiar and fatal disease often attacking old lunatics, which has been also confounded with sanguineous effusion, and in which the sudden termination of life seems the only character, etymologically, of apoplexy.

"Pinel first mentioned it; and Esquirol says, that suddenly the fury is most violent, then ceases, and in an instant the patient dies. Two short cases aptly illustrate it. A lunatic, aged sixty-two, dry and meagre, was for three months in an extreme agitation and continual delirium. Upon awaking from his sleep he calmly asked his servant for his snuff-box, took a pinch, and died. Another, aged forty-three, of the same temperament, was for a month in a delirious fury. On the thirty-first day he looked pale, begged to sit down, and expired.

"It appears in these cases as if all the vital powers were exhausted by the excess of the maniacal excitation; for the interior of the cranium presents no alteration, and the body is always singularly disposed to putrefaction."

Paralysis is frequently complicated with insanity; but the calculation varies very much as given by different authors: thus Esquirol, Georget, &c. estimate the numbers at one-half,—Dr. Burrows at less than one in twenty.

Catalepsy is next spoken of, but it is too rare a disease to be of much importance in a practical point of view. For our own part, we look upon it as a modification of hysteria.

Hysteria, which alternates with headache and giddiness, sometimes degenerates into mania; and this is more apt to occur if epilepsy be present. It is justly remarked by our author, that this disease (hysteria) is by no means confined to the female sex; and he adds, that when men are subject to the hysterical passion, mania is more to be dreaded than in women.

Hydropic Effusions.—The most common effect of morbid action in the brain is effusion of serum within the cavities and membranes. "With very few exceptions," says Dr. Burrows, "out of many dissections of the heads of lunatics, I have found serum in the ventricles, or between the membranes of the brain, or in the theca vertebralis."

Insanity is a frequent accompaniment of ascites and anasarca, when these are the result of the abuse of spirituous liquors; but our author looks upon this as dependent upon the disease of the liver, so common in such cases, and holds that it is "in no way connected with, or dependent on, the dropsical effusions." Effusions into the cellular membrane of the lower extremities he thinks favourable, sometimes proving critical of the mental disorder.

The following are the conclusions drawn from a review of the physical phenomena of disordered intellect:—

"1. That the circulating system, in every case of insanity, is morbidly, though often differently affected.

"2. That the healthy exercise of the intellectual functions is dependent on a due regularity in the supply and momentum of blood to the brain, the source of the nervous system.

"3. That while the vascular and nervous systems act in concert, the harmony of the intellectual functions is undisturbed.

"4. That in all cases of insanity the vascular and nervous systems are in a state of opposition.

"5. That in incipient insanity excitement of the vascular system generally predominates; in chronic insanity, the nervous.

"6. That in all the diseases complicated with insanity, there is a well-marked ascendancy of either system.

"7. That as the actions of the two systems approximate, improvement in the intellectual functions takes place; and that when they again act in unison, sanity is re-established."

MEDICAL GAZETTE.

Saturday, August 30, 1828.

" Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

COLLEGE OF SURGEONS.

In our last Number we announced the election of Mr. Lawrence into the Council of the College of Surgeons. We had heard it rumoured that he did not mean to accept of the appointment, to which rumour we alluded in expressing our ignorance of his intentions; but this we are happy to find is incorrect. The length of the Anatomical Report, with which we now present our readers, obliges us again to postpone some remarks which the above election had suggested. We must, however, crave forgiveness of the Council for having inadvertently called them by their old designation of the " Court of Assistants;"—the fact is, that when public bodies once get a *name*, be it good or bad, it is very apt to stick by them.

ANATOMICAL REPORT.

The Select Committee appointed to inquire into the Manner of obtaining Subjects for Dissection in the Schools of Anatomy, and into the State of the Law affecting the Persons employed in obtaining or dissecting Bodies; and to whom several Petitions for the removal of Impediments to the Cultivation of the Science of Anatomy were referred; and who were empowered to report the Minutes of Evidence taken before them; have, pursuant to the Order of the House, examined the Matters to them referred, and agreed to the following Report:

The peculiar nature of the subject which the Committee were appointed to investigate, has induced them to inquire principally into the practice of the anatomical schools of London, where, by personal communication with the most eminent surgeons and with the students and principal teachers of anatomy, it could be fully ascertained that no detriment to their interests was to be apprehended from the publicity to arise out of the present inquiry. With regard to the practice of the provincial schools, to avoid the expense of summoning witnesses from a distance, they have been satisfied with written communications from resident professors or practitioners of eminence, which will be found in the Appendix.

The Committee have inquired into the nature of the difficulties which the anatomists have here to contend with, whether arising out of the state of the law or an adverse feeling on the part of the people; and into the evil consequences thence ensuing, as well to the sciences of medicine and surgery as to all who study, teach, and practise them, and eventually to the members of the whole community. They have called witnesses to shew in what manner the wants of the anatomist are provided for in several foreign schools, and to state their opinion whether similar methods could be applied with advantage in this country, and if applied would be adequate to remove the present difficulties.

The first origin of these difficulties is obviously to be traced to that natural feeling which leads men to treat with reverence the remains of the dead; and the same feeling has prompted them, in almost all times and countries, to regard with repugnance and to persecute anatomy.

As the importance of the science to the well-being of mankind was discovered, the governments of different states became its protectors, and in this country particularly, by the statute of Henry VIII., protection to a certain extent was given and intended to be given to it; but that protection, which at first perhaps was fully adequate, owing to the rapid progress of the science, has long since become wholly insufficient.

How limited were the wants of the science in the former part of the last century may be learned from the lectures of Dr. William Hunter, who describes the professors of the most celebrated schools, both at home and abroad, as employing in each course of lectures not more than one, or at most

two subjects, and as exhibiting the performance of the operations of surgery, not on human bodies, but on those of animals. He represents the students in medicine and surgery as never exercising themselves in the practice of dissection, because for such practice they had no opportunities.

For such a system of instruction the provisions of the statute of Henry VIII. might well be adequate, and these provisions, indeed, may now be considered of importance only as a distinct admission of the principle, that the government of this country ought to protect anatomy. The reformation of this antiquated and imperfect system took place in this country in the year 1746, when Dr. William Hunter, having a singular enthusiasm for the science, established complete courses of anatomical lectures, and opened a regular school for dissection. The reform thus introduced was complete, and its author exulted before his death in having raised and diffused such a spirit for dissection that he should leave behind him many better anatomists than himself.

Under his immediate pupils and their successors this school has gone on increasing. The earliest account that the Committee have met with of the number of anatomical students resorting to London, is that given by Mr. Abernethy, who states that shortly after the breaking out of the war with France they amounted to 200. One of the witnesses, Dr. Macartney, computes their number in the year 1798 at 300: and Mr. Brookes, a teacher of anatomy, in a calculation submitted to Sir Astley Cooper in the year 1823, then reckoned their number to be 1000. It appears from the returns now furnished by the teachers of the different schools in London, that their number at present is somewhat above 800; the diminution in the number since the year 1823 being the consequence, probably, of the pupils resorting to foreign schools, the advantages of which were less known at the former period than they are at present.

When it is considered what a demand there is for practitioners, as well to meet the wants of an increased population at home as of an extended empire of colonies and dependencies abroad, this rapid increase of students will not appear surprising; and if it is considered also that not only is that demand an increasing one, but that every practitioner, however humble, from that laudable desire for intellectual improvement which characterizes the present age, endeavours, if he can afford it, to obtain a good education, and must regard himself as ill educated if he has not gone through a course of dissection, the eventual increase of dissecting students can hardly be calculated, should their wants be supplied abundantly and at a cheap rate.

Although the students now attending the schools of anatomy in London exceed 800, not more than 500 of this number actually dissect. The duration of their studies in London is usually sixteen months, and during that time the number of subjects with which every student in surgery ought to be supplied appears from the evidence (although there is some difference on this point) to be no less than three; two being required for learning the structure of the parts of the body, and one the mode of operating. The total number of subjects actually dissected in the schools of London in one year, is stated to be not greater than from 450 to 500, which is after the rate of less than one subject for each dissecting student; a proportion wholly insufficient for the purposes of complete education.

Dissection on an extended scale began in this country before there existed any such general feeling in its favour, founded on an opinion of its utility, that the British government, after the example of some foreign governments, would venture openly to patronize it. Accordingly, when in 1763 Dr. Hunter proposed to build an anatomical theatre, and to endow it with his museum and a salary for a professor, provided the government would grant him a site of ground for the institution, and his late Majesty would extend to it his countenance and protection, he met with a silent refusal. It was therefore only by stealth and by means not recognized by the law that the teacher was enabled to procure subjects. These means, it is notorious, from the time of Dr. Hunter down to the present time, have been principally disinterment; though of late other illegal modes and contrivances, such as stealing before burial, personation of relatives for the purpose of claiming bodies, &c. have occasionally been had recourse to. For some time after the first establishment of dissecting schools, while the number of

teachers and students was small and the demand for subjects very limited, the means which were resorted to for obtaining a supply were adequate to the wants of the students, and bodies were obtained in abundance and cheaply. The exhumators at that time were few, and circumspect in their proceedings; detection was rare, the offence was little noticed by the public, and was scarcely regarded as penal; so that (according to one of the witnesses) long after the decision of the judges in 1788, that disinterment was a misdemeanor, prosecutions for this offence were not common, and offenders taken in the fact were usually liberated. If this state of things had continued, though the illegality of the practices had recourse to must be conceded, yet they could scarcely be said to occasion evils of such magnitude as to require a legislative remedy. But the number of students and teachers having greatly increased, and with them the demand for subjects and the number of exhumators, detections became frequent, the practice of exhumation notorious, and public odium and vigilance were directed strongly against the offenders. It may be collected from the debates in Parliament which took place in the year 1796, during the progress of a bill for subjecting to dissection the bodies of felons executed for burglary and robbery, that even at that time the public regarded disinterment with strong feelings of jealousy.

In proportion as the public became vigilant, the laws relating to sepulture were interpreted and executed with increasing rigour; and as the price of subjects rose with the difficulty of obtaining them, the premium for breaking the laws increased with the penalty. The exhumators increased in number, and being now treated as criminals, became of a more desperate and degraded character.

The parties of daring men who now took to raising bodies, did it happen (as was frequently the case) that, while in pursuit of the same spoil, they fell in one with another, actuated by vindictive feeling, and regardless of the caution and secrecy on which the successful continuance of their hazardous occupation must depend, had contests in the places of sepulture, left the graves open to public gaze, or gave information to magistrates, or the relatives of the disinterred, against their rivals. Frequently, with a view to raise the price of subjects, to extort money, or to destroy rivalry, they have proceeded to acts of outrageous violence, tending to excite the populace against the teachers of anatomy. These, and similar acts of violence or imprudence, have been constantly bringing exhumation to light, and have exasperated the public against both the exhumator and the anatomist; and this to such a degree, that of late, in many cases, individuals, out of solicitude to guard the dead, have taken upon themselves to dispense with the laws of their country, and have fired upon parties attempting disinterment. Other circumstances, but of minor importance, have been assigned by some of the witnesses as augmenting the difficulty of obtaining subjects in London, or increasing the demand for them; but as regards them, the Committee beg leave to refer to the evidence itself. The general result has been, with some difference, according to differences of place and season (sometimes owing to the caprice and mercenary motives of the agents employed, at other times owing to the real difficulty of obtaining a supply), that of late subjects have been to be procured, either not at all, or in very insufficient quantity; and at prices most oppressive to the teacher and student.

The price of a subject, about thirty years ago, was from one to two guineas; the teacher now pays from eight to ten guineas; and the price has risen even to sixteen guineas. The teachers deliver subjects to their dissecting pupils at a lower price than that at which they purchase them, having been compelled to resort to this expedient, lest dissection in London should be abandoned altogether. The loss which they sustain is made good out of the fees which they receive for attendance on their lectures in the anatomical theatre. The cost of providing subjects is also enhanced to the teacher, by his being required occasionally to defend the exhumator against legal prosecution, and to maintain him against want, if sentenced to imprisonment, and his family, in case he has one, until the period of his punishment expires.

Nor is it only of a precarious, insufficient, and expensive mode of obtaining subjects that the cultivators of anatomy

complain,—it is by the law, not as regards the exhumators, but as it affects themselves, that they are aggrieved.

The first reported case of a trial for disinterment is that of Rex *v.* Lynn, in the year 1788, when the Court of King's Bench, on a motion for an arrest of judgment, decided it to be a misdemeanor to carry away a dead body from a church-yard, although for the purpose of dissection, as being an offence *contra bonos mores* and common decency. In this state the law on the subject of disinterment, as interpreted by the Court of King's Bench, appears to have remained until the present year; when Davies and another were tried and convicted at the assizes at Lancaster, and subsequently received the sentence of the Court sitting at Westminster, for having taken into their possession, with intent to dissect, a dead body, at the time knowing the same to have been unlawfully disinterred. A respectable teacher of anatomy, residing at Liverpool, had been tried and found guilty on a similar indictment at the quarter sessions at Kirkdale, in the month of February in the same year. With these exceptions, magistrates appear hitherto to have taken no cognizance of receiving into possession a dead body, unless there were strict evidence that the receiver was a party to the disinterment; and on this practical view of the state of the law professional men also appear hitherto to have acted. At present, however, a most intelligent magistrate, one of the witnesses, considers that very slight evidence would connect the receiver with the disinterment; and that the purchase from the exhumator would suffice to send the case to a jury, the knowledge of the fact of disinterment being to be collected from the circumstances, if strong enough to justify the inference. It is stated that there is scarcely a student or teacher of anatomy in England who under the law, if truly thus interpreted, is not indictable for a misdemeanor.

According to the opinion of the last-cited witness, to be a party to the non-interment as well as to the disinterment of a dead body, would render a person indictable for a misdemeanor. Two cases are cited in support of this opinion. In the one, Rex *v.* Young, a non-reported case, but referred to by the court in the case of Rex *v.* Lynn, the master of a workhouse, a surgeon, and another person, were indicted for and convicted of a conspiracy to prevent the burial of a person who had died in the workhouse. In the other, Rex *v.* Cundick, which occurred at the Surrey spring assizes in the year 1822, the defendant was found guilty on an indictment for a misdemeanor, charging him with not having buried the body of an executed felon entrusted to him by the gaoler of the county for that purpose; but with having sold the body for lucre and gain, and for the purpose of being dissected: and on this trial it was not considered necessary to prove that the body had been sold for lucre or for the purpose of dissection. The witness infers, from the analogy of all these cases, that to treat a dead body as liable to any thing but funeral rites, is an offence *contra bonos mores*, and therefore a misdemeanor.

This state of the law is injurious to students, teachers, and practitioners, in every department of medical and surgical science, and appears to the Committee to be highly prejudicial to the public interests also.

It is the duty of the student to obtain, before entering into practice, the most perfect knowledge, he is able, of his profession; and for that purpose to study thoroughly the structure and functions of the human body; in which study he can only succeed by frequent and repeated dissection. But his wants cannot adequately be supplied in this country, except at an expense, amounting nearly to a prohibition, which can be afforded only by the most wealthy, and precludes many students from dissecting altogether. From the precariousness or insufficiency of the supply, the dissections and lectures are often suspended for many weeks, during which the pupils are exposed to the danger of acquiring habits of dissipation and indolence; and, from the same causes, that important part of surgical education is usually omitted, which consists in teaching how to perform on the dead body those operations which the student may afterwards be required to practise on the living. But not only does the student find dissection expensive and difficult of attainment; but he cannot practise it, without either committing an infringement of the law himself, or taking advantage of one committed by others. In the former case, he must expose himself to imminent

hazard, and in either he may incur severe penalties, and be exposed to public obloquy. The law, through the medium of the authorities entrusted with conferring diplomas, and of the boards deputed by them to examine candidates for public service, requires satisfactory proof of proficiency in Anatomical Science, although there are no means of acquiring that proficiency without committing daily offences against the law. The illegality and the difficulties attending the acquisition of the science, dispose the examiners in some cases to relax the strictness of their examination, and induce them, in the case of the Apothecaries Company, to dispense with dissection altogether; the persons to whom certificates are granted by the examiners of this Company being those who, from their numbers* and extensive practice, ought especially, for the safety of the public, to be well instructed. The annual number of certificates so granted exceeds 400.

The teacher of anatomy, besides the evils which befal him in common with the student, has to suffer others, arising also out of the state of the law, which affect him with peculiar hardship. The obstacles which impede the study of anatomy in this country are such, and the facilities presented to the study in foreign countries are so great, that those English students who are desirous of obtaining a thorough knowledge of the science, desert the schools at home, and repair to those abroad. Their principal resort is to Paris, where 200 English students of anatomy are now pursuing their course of instruction. Dissection probably, under these circumstances, would scarcely be followed at home, were it not for the regulations of the College of Surgeons, which require the candidates for the diploma of the college to have learned the practice of surgery in a recognized school within the United Kingdom; so that the student, during the period required for learning this practice, in order that he may the sooner become qualified for his profession, employs a part of his time in learning also to dissect. These disadvantages, affecting the teacher, are such, that except in the most frequented schools, attached to the greater hospitals, few have been able to continue teaching with profit, and some private teachers have been compelled to give up their schools. To the evils enumerated it may be added, that it is distressing to men of good education and character to be compelled to resort, for their means of teaching, to a constant infraction of the laws of their country, and to be made dependent, for their professional existence, on the mercenary caprices of the most abandoned class in the community.

But it is not only to the student, while learning the rudiments of the science, and to the teacher, while endeavouring to improve it, that dissection is necessary, and the operation of the law injurious. It is essential also to the practitioner, that during the whole course of his professional career he should dissect, in order to keep up his stock of knowledge, and to practise frequently on the dead subject, lest, by venturing to do so unskilfully on the living, he expose his patients to imminent peril. He is required also, in many important cases, civil and criminal, to guide the judgment of judges and of jurors, and would be rebuked were he to confess, upon any such occasion, that, from having neglected the practice of dissection, he was unable to throw light upon a point at issue in that science which he professed. He is liable, in a civil action, to damages for errors in practice, due to professional ignorance; though at the same time he may be visited with penalties as a criminal, for endeavouring to take the only means of obtaining professional knowledge.

Under these circumstances, affecting equally the student, teacher, and practitioner, the committee were not surprised to find that this inquiry excited considerable interest in all parts of the country, and that numerous petitions from all classes of the profession, connected with the science of anatomy, were laid upon the table of the house, uniformly praying for an amendment of the existing law on the subject.

But independently of the bearings of the question on the interests of medical practitioners, and on the health of the community, the system pursued is productive of great evil, by training up a race of men in habits eminently calculated to debase them, and to prepare them for the commission of violent and daring offences. The number of persons who, in London, regularly live by rais-

* Computed at 10,000 in England and Wales.

ing bodies, is stated by the two police officers, examined before the committee, not to exceed ten; but the number of persons, occasionally employed in the same occupation, is stated by the same witnesses to be nearly 200. Nearly the whole of these individuals, as is admitted by the exhumators themselves who were examined before the committee, are occupied also in thieving, and form the most desperate and abandoned class of the community. If, with a view to favour anatomy, exhumation should be allowed to continue, it appears almost a necessary consequence that thieves also should be tolerated. It should seem useless, however, with a view to suppress exhumation, to endeavour to execute the existing laws with increased severity, or to enact new and more rigorous ones. The effect of interpreting and executing the laws with increasing rigour has been, not to suppress exhumation, but to raise the price of bodies, and to increase the number of exhumators. So long as there is no legalized mode of supplying the dissecting schools, so long the practice of disinterment will continue: but if other measures were devised, which would legalize and ensure a regular, plentiful, and cheap supply, the practice of disinterring bodies, and of receiving them, would of necessity be entirely abandoned.

Before adverting to those new methods for obtaining an adequate supply of subjects which have been suggested by the witnesses who have been examined before the Committee, they will state in what manner, according to the evidence adduced, the schools of anatomy at Paris are provided. They have also inquired into the practice of some other foreign schools, for an account of which they beg to refer to the evidence itself; and they dwell upon the practice of the schools of Paris, because it approaches most nearly to the plan recommended by most of the witnesses for adoption in this country.

The administration of all the hospitals at Paris, since the period of the revolution, has been confided to a public board of management. The rule at the hospitals is, that every patient who dies shall be attended by a priest, and that, after the performance of the usual ceremonies of the Catholic church, the body shall be removed from the chapel attached to the hospital to the dead room, and there remain for twenty-four hours, if not sooner claimed by the relatives. Bodies may be examined after death, by the medical officers attached to a hospital, in order to ascertain the cause of death; but may not be dissected by them. A body, if claimed by the friends after examination, is sewed up in a clean cloth, before being delivered to them. If not claimed within twenty-four hours after death, after being enveloped in a cloth in a similar manner, it is sent, in the manner hereafter described, to one of the dissecting schools.

There are no private dissecting schools at Paris, but two public ones; that of the Ecole de la Medecine, and that adjoining the Hôpital de la Pitié. These are supplied exclusively from the different hospitals and from the institutions for maintaining paupers, the supply from certain of these establishments being appropriated to one school, and that from the remaining establishments to the other.

The distribution of subjects to the two schools is confided to a public officer, the Chef des travaux Anatomiques. He causes them to be conveyed from the hospitals at an early hour, in a covered carriage, so constructed as not to attract notice, to a building at the schools set apart for that purpose. They are then distributed by the prosecteurs to the students; and after dissection, being again enveloped in cloth, are conveyed to the nearest place of interment.

The students at the Ecole de la Medecine consist of young men who have distinguished themselves at a public examination, though the person at the head of the establishment is also allowed to admit pupils to dissect. The school of La Pitié is open to students of all nations, who, on entering themselves, may be supplied with as many subjects as they require, at a price varying, according to the state in which the body is, from three to twelve francs; priority of choice, however, being given to the élèves internes of the different hospitals, and the subjects being delivered to them at a reduced price. English surgeons were here permitted, until lately, to engage private rooms for the purpose of lecturing on anatomy to students of their own nation, and to superintend their labours in the dissecting-room. From the protection and facilities which have thus been afforded to the study of anatomy at Paris, it has

become the resort of the medical students of all nations; the practice of exhumation is wholly unknown, and the feelings of the people appear not to be violated.

It is the opinion of almost all the witnesses, that the adoption in this country of a plan similar in most respects to that which prevails in France, would afford a simple and adequate remedy for the existing evils. They recommend that the bodies of those who during life have been maintained at the public charge, and who die in workhouses, hospitals, and other charitable institutions, should, if not claimed by next of kin within a certain time after death, be given up, under proper regulations, to the anatomist; and some of the witnesses would extend the same rule to the unclaimed bodies of those who die in prisons, penitentiaries, and other places of confinement. In the hospitals which supply subjects to the anatomical schools of France and Italy, religious rites are paid to the dead before giving up the bodies for dissection: in the plan proposed for this country, most of the witnesses recommend that the performance of religious rites should be deferred until after dissection, and they are anxious that the anatomist should be required, under adequate securities, or a system of effective superintendence, to cause to be administered, at his own expense, to the bodies which he dissects, religious solemnities and the usual rites of burial.

The plan proposed has this essential circumstance to recommend it—that provided it were carried into effect, it would yield a supply of subjects that, in London at least, would be adequate to the wants of the anatomist. The number of anatomical students resorting annually to London, and the number of subjects with which they ought to be supplied, have been already stated. It appears from the returns obtained by the Committee from 127 of the parishes situate in London, Westminster, and Southwark, or their immediate vicinity, that out of 3744 persons who died in the workhouses of these parishes in the year 1827, 3103 were buried at the parish expense; and that of these, about 1108 were not attended to their graves by any relations. There are many parishes in and around London from which at the time of making this Report returns had not been delivered in; but it may be inferred from those returns which have been procured, that the supply to be obtained, from this source alone, would be many times greater than that now obtained by disinterment; that when added to the supply to be derived from those other sources which have been pointed out, it would be more than commensurate to the wants of the student, and consequently, that the plan, if adopted, as meeting the exigencies of the case, would eventually be the means of suppressing the practice of exhumation.

If it be an object deeply interesting to the feelings of the community that the remains of friends and relations should rest undisturbed, that object can only be effected by giving up for dissection a certain portion of the whole, in order to preserve the remainder from disturbance. Exhumation is condemned as seizing its objects indiscriminately—as, in consequence, exciting apprehensions in the minds of the whole community—and as outraging in the highest degree, when discovered, the feelings of relations. If selection then be necessary, what bodies ought to be selected but the bodies of those who have either no known relations whose feelings would be outraged, or such only as, by not claiming the body, would evince indifference on the subject of dissection? It may be argued, perhaps, that the principle of selection, according to the plan proposed, is not just, as it would not affect equally all classes of the public; since the bodies to be chosen would, necessarily, be those of the poor only. To this it may be replied—1st. that even were the force of this objection, to a certain degree, admitted, yet that, to judge fairly of the plan, its inconveniences must be compared with those of the existing system; which system, according to the evidence adduced, is liable in a great measure to the same objection, since the bodies exhumated are principally those of the poor; 2dly. that the evils of this, or of any other plan to be proposed on this subject, must be judged of by the distress which it would occasion to the feelings of surviving relations, and the unfairness to one or another class of the community, by the degree of distress inflicted on one class rather than another; but where there are no relations to suffer distress,

there can be no inequality of suffering, and, consequently, no unfairness shown to one class more than another.

One or two of the witnesses, who appear to be either favourable, or not opposed to the principle of the plan, speak with doubt of its success, as though it would be found impracticable to reconcile the public to its introduction; and one, in particular, apprehends that religious feelings may impede its adoption. An objection founded on religious feelings does not apply to the plan in question only, but would be equally valid, generally, against all dissection whatsoever; and should lead those who urge it, consistently with their own principles, to endeavour to put down altogether the study of practical anatomy.

Though it may be true that the public are to a certain degree averse to dissection, yet it is satisfactory to find several of the witnesses adducing facts to prove that those feelings of aversion are on the decline. They state that in those parish infirmaries where the bodies of those who die are examined, as the practice has become common, it has been viewed with less jealousy: that in those hospitals where a similar rule prevails, neither patients themselves are deterred from applying for admission, nor their relatives on their behalf: that the addition of public dissecting-rooms to hospitals has not produced any diminution in the number of applications for relief within the walls of those hospitals; and that, by reasoning with the friends of those who die, and by explaining to them how important it is to the art of healing that examination should take place after death, they may usually be brought to consent to the bodies of their friends being examined. Hence it is argued, that in involving the subject of dissection in mystery, as has hitherto been the case, the public have been treated injudiciously; that with proper precautions, and the light of public discussion to guide them, they may be made to perceive the importance of the study, generally, and the reasonableness of the particular measure now contemplated, and that when they come to regard it as the means of suppressing exhumation, they will receive it with favour, and finally acquiesce in it.

The legislative measure which most of the witnesses are desirous of, in order to enable them to carry the plan into effect, is the repeal of any existing law, which would subject to penalties those who might be concerned in carrying the proposed plan into execution: they wish for an enactment, permissive and not mandatory, declaring that it shall not be deemed illegal for the governors of workhouses, &c. and for anatomists, the former to dispose of, the latter to receive and to dissect, the bodies of those dying in such workhouses, &c. such bodies not having been claimed, within a time to be specified, by any immediate relations, and due provision being made for the invariable performance of funeral rites. Some few of the witnesses, indeed, who state that they wish for the success of the plan, contemplate any legislative interference whatever in this matter with apprehension; but they do not appear to have been aware how nearly the cases decided by the courts of law, and already adverted to, would apply to persons engaged in executing the plan in question. In those cases, the bodies for the non-burying of which the defendants were severally convicted, were those of a pauper who died in a workhouse, and of a person who had suffered death as a felon. If these cases apply, as it appears they do, to persons engaged in giving up or in receiving, for other purposes than for burial, the bodies of the innates of workhouses or of prisons, such impediments to the success of the plan cannot be removed, as these witnesses think they might be, simply by the favourable interference of the executive government, however disposed to show indulgence to the profession; but an act of the legislature can alone provide a remedy.

Amongst the measures that have been suggested for lessening the dislike of the public to dissection, is that of repealing the clause of the act of Geo. II. which directs that the bodies of murderers shall be given up to be anatomized. It appears from the returns already laid before the house, that, as regards the direct operation of this clause, on the supply of subjects, the number which it yields to the anatomist is so small in comparison of his total wants, that the inconvenience which he would sustain from its repeal would be wholly unimportant. As to its remote operation, almost the whole of the witnesses examined before the

committee, and of those whose written communications will be found in the appendix, are of opinion that the clause in question, by attaching to dissection the mark of ignominy, increases the dislike of the public to anatomy, and they therefore are desirous that the clause should be repealed.

The committee would be very unwilling to interfere with any penal enactment which might have, or seem to have, a tendency to prevent the commission of atrocious crimes; but as it may be reasonably doubted whether the dread of dissection can be reckoned amongst the obstacles to the perpetration of such crimes, and as it is manifest that the clause in question must create a strong and mischievous prejudice against the practice of anatomy, the committee think themselves justified in concluding, that more evil than good results from its continuance.

The committee consider that they would imperfectly discharge their duties if they did not state their conviction of the importance to the public interests of the subject of their inquiries. As the members of the profession are well educated, so is their ability increased to remove or alleviate human suffering. As the science of anatomy has improved, many operations formerly thought necessary have been altogether dispensed with; most of those retained have been rendered more simple, and many new ones have been performed, to the saving of the lives of patients which were formerly thought impossible. To neglect the practice of dissection would lead to the greatest aggravation of human misery; since anatomy, if not learned by that practice, must be learned by mangling the living. Though all classes are deeply interested in affording protection to the study of anatomy, yet the poor and middle classes are the most so; they will be the most benefitted by promoting it, and the principal sufferers by discouraging it. The rich, when they require professional assistance, can afford to employ those who have acquired the reputation of practising successfully. It is on the poor that the inexperienced commence their practice, and it is to the poor that the practice of the lower order of practitioners is confined. It is, therefore, for the interest of the poor especially, that professional education should be rendered cheap and of easy attainment; that the lowest order of practitioners (which is the most numerous), and the students on their first entry into practice, may be found well instructed in the duties of their profession.

Such, on an attentive consideration of the evidence adduced, is the deliberate judgment of the committee on the matters submitted to them; and it now remains for the house to consider whether it will not be expedient to introduce, in the course of the ensuing session, some legislative measure which may give effect to the recommendations contained in the present Report.

July 22, 1828.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

REMARKS ON THE STOMACH.

It appears, according to Sœmmerring, that the stomach of the negro differs from that of the European, in being more rounded, and liker to that of the monkey. This rounded shape is particularly remarkable in the large extremity.

The straitening which is found in the middle of the stomach in certain individuals is almost exclusively met with in women, and he supposes it to depend upon their dress. There is no trace of it in infants.

The opening of the pylorus differs in different persons, and four principal modifications are represented in corresponding engravings. These varieties depend principally on a glandular ring, which is pretty firm, and forms the border of the opening, and may be seen on elevating the peritoneum and subjacent cellular tissue with care.—*Denkschriften d. K. Akad. d. Wissench zu. München.*

EFFECT OF ELEVATION UPON THE PULSE AND BREATHING.

Dr. Brunner, in ascending Mount Etna, in 1826, found that at Nicolosi, 3200 feet above the level of the sea, his pulse was 72; at Casa Gemellara, 9300 feet high, it was 80; and at the summit of the mountain, 10,152 feet, it was 84; his natural pulse on the plain being 62-63. Notwithstanding the tenuity of the air at the above elevation,

he experienced no inconvenience in respiration.—These observations correspond to some made by Dr. Parrot on the Pyrenees. —*Froriep's Notizen*, No. 6.

FORRIGN BODIES IN THE WINDPIPE OR GULLET.

Dr. Begin, in his *Mem. de Medecine Militaire*, after relating some cases in which foreign bodies were lodged in the throat, goes on to remark that the danger from such accidents depends upon the extent to which the glottis is closed by these bodies; or upon their being so light and moveable as to be carried by the air into the interior of the trachea. Bodies which, without interrupting the passage of the air, remain fixed either in the ventricles of the larynx or about the bifurcation of the bronchi, excite an obtuse pain, with habitual inconvenience, ending in chronic bronchitis: the conduct of the practitioner ought to correspond to the difference in the effects. If the cough be severe, the anxiety considerable, the danger of suffocation imminent, it is necessary to operate immediately, and, under such circumstances, M. Begin is of opinion that laryngotomy ought to be performed, even although the pulse should have ceased, the breathing become insensible, and life apparently extinct: the patient is then in a state of asphyxia, and the death is frequently only apparent.

But if the first alarm of suffocation has subsided, and a fixed pain points out that a foreign body is lodged in the larynx, still it is necessary to operate, because the body ought to be extracted before it has disorganized the mucous membrane. In other cases the operation would be useless, and the author recommends dividing the crico-thyroedean membrane, because this alone will give vent to small bodies, and besides, it can be enlarged at pleasure.

The following case is related:—A soldier in good health was suddenly seized with a copious vomiting of blood, the return of which next day proved fatal. Examination after death shewed a six franc piece firmly impacted in the œsophagus, opposite the bifurcation of the bronchi, but in such a manner as not materially to interfere with deglutition or respiration. The piece was, as it were, imbedded in two deep and old ulcerations; that on the left side had a clot in its centre forming a kind of soft eschar: a probe introduced into it passed immediately into the aorta.

After the relation of the above case, M. Begin continues his directions as to the treatment. After having made ourselves acquainted with the circumstances attending the accident, he advises ascertaining the size and position of the forcign body: the patient being seated with the mouth open, and the head thrown back, a tube of silver or copper, 18 inches long, cylindrical, and blunt at the point, is to be introduced, in order to determine in what direction the body is placed, &c.

EMPHYSEMA FOLLOWING A SEVERE LABOUR.

A young woman, of sanguine and irritable temperament, was seized with acute peripneumony at the beginning of the eighth month of pregnancy. On the seventh day labour came on, and during more than four hours the pains were sharp: a little time after an emphysematous tumor made its appearance at the upper part of the chest. A practitioner having been called twelve days after the delivery, found the patient in the following state:—The head was of enormous size; the face purple, as well as the neck, which also was considerably swelled; the chest and limbs greatly exceeded their natural dimensions, and the swelling every where presented the characters of emphysema. The oppression was so great that suffocation seemed impending. A large bleeding from the arm was practised, and in four hours it was repeated; after which the breathing was less laborious, at the same time the emphysema diminished, the head and face regaining their ordinary size and colour; but even yet the patient could not lie on either side. As there was no lochial discharge, and the abdomen was very tender, eight leeches were applied to the vulva, and several bleedings from the arm had recourse to. The oppression is stated to have diminished under the use of these remedies, but the patient was much reduced; the tongue dry; the pulse frequent and small; the neck tumified to such an extent that the skin covering it was on a level with that of the face. A large sinapism was applied to the chest, and the tumified parts were covered with compresses dipped in aromatic wine. On the thirteenth day from

the accouchement the state of the patient was rather more favourable; but as the abdomen was still tender, the leeches were repeated, at the same time some soup and spoonsful of wine were administered. From this time the emphysema gradually disappeared, the lochia and secretion of milk became established, and the patient recovered. —*Decadas de Med. & Chirurg.* No. 4.

CONVULSIONS CURED BY LIGATURE.

A young girl, between 13 and 14 years old, not having menstruated, had been subject for four or five months, without any known cause, to periodical attacks of convulsions; which began by acute pains in the extremity of the ring finger of the left hand, and which were succeeded by a feeling resembling the *aura epileptica* through the whole arm. The patient then lost her recollection, fell down, and had convulsions more or less violent, which left her in a state of great exhaustion, so that she knew nothing that passed around her, and recollected nothing that had happened. These attacks, which happened monthly, appearing to the physician to depend upon the want of menstruation, he directed his treatment to that view of the case; but at the same time he recommended a ligature to be placed round the finger in which the attack began, and by this means suspended the accession. The next day the same pain was felt, and the ligature was again applied; but whether this was done too late, or that it was not sufficiently tight, the fit came on; then a fresh ligature was placed above the wrist, and the attack was cut short. The patient, encouraged by this success, made use of this means whenever she felt the pain in her finger, and by so doing preserved herself from these attacks for several successive days, and which, unless she had done so, would probably have continued until the menstrual discharge appeared, and saved her from the risk of a relapse.—*Decadas de Med. & Chir. Pract.*

DEATH OF DR. GALL.

Dr. Gall, the celebrated phrenologist, died a few days ago, at his country-house in the neighbourhood of Paris, after a long and painful illness.

TERMINATION OF MR. MORGAN'S CASE OF TUMOR IN THE NECK.

Guy's Hospital.—In the last report it was stated that the patient had not had an unfavourable symptom up to the sixth day from the operation: on this day, however, she (without the permission of her medical attendants) ate some fruit pudding; of which imprudence she very soon felt the effect in a profuse diarrhœa, attended by pain and tenderness at the epigastrium, and extreme exhaustion.

Hyd. c. Cretâ, gr. v. h. s.
Mist. Cretâ c. Opio, after each liquid stool.

The diarrhœa continued during the seventh and eighth day, with such an aversion to swallowing that, although she was in the most complete state of exhaustion, and was ordered different stimulants, she could scarcely be prevailed upon to swallow any thing. On the ninth day she died.

Examination Post Mortem.—The mucous lining of the large intestines was softened and easily separable. No other visceral disease was discovered.

The situation of the tumor was minutely examined. The flaps of skin had united by adhesion in many points.

Near the parotid gland the regeneration of the disease had already commenced. Two white rounded bodies, of the size each of a small marble, attached by a narrow base, which certainly were not there immediately after the operation, shewed, by the quickness of their growth, the short space of time in which a tumor, of the same dimensions as the first, might have been produced.

BOOKS RECEIVED FOR REVIEW.

A Manual of the Anatomy, Physiology, and Diseases of the Eye and its Appendages. By S. J. Stratford, Member of the Royal College of Surgeons in London, &c. &c.

A Clinical Lecture delivered in the Royal Infirmary of Edinburgh, July 1828.

NOTICES.

The communications of "Dr. Hodgkin," "Mr. Else,"—"A Constant Reader,"—"An Embryo,"—"H. W., D."—and "A Bartholomew Pupil," have been received.

Mr. S.'s Letter has just come to hand: we shall be glad to be furnished with the reports alluded to.

ERRATA.

In our last Number, p. 364, line 1 and 21, *for* "palmer," *read* "palmar."

Page 364, line 23, *for* "become," *read* "because."

Page 364, line 36, *for* "or," *read* "and."

W. Wilson, Printer, 57, Skinner-Street, London.